


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90130 032 \*\*\*\*61.25

**DOCUMENT # N21538**  
1. Entity Name  
**MARJORIE KINNAN RAWLINGS SOCIETY, INC.**



Principal Place of Business  
**DEPT. OF ENGLISH  
UNIVERSITY OF FLORIDA  
GAINESVILLE FL 32611-7310**

Mailing Address  
**DEPT. OF ENGLISH  
UNIVERSITY OF FLORIDA  
GAINESVILLE FL 32611-7310**

44002777



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2928755**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RIVERS, VALERIE R  
MARJORIE KINNAN RAWLINGS STATE HIST. SITE  
RURAL ROUTE 3, BOX 92  
HAWTHORNE FL 32840**

7. Name and Address of New Registered Agent  
Name **KEVIN M MCCARTHY**  
Street Address (P.O. Box Number is Not Acceptable)  
**Dept of English  
University of Florida**  
City **GAINESVILLE** FL Zip Code **32611-7310**

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kevin M. Was* **KEVIN M MCCARTHY** **4/18/03**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>PHELTS, MARSHA</b>	
STREET ADDRESS	<b>2825 N. MYRTLE AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>WOODS, SUSAN</b>	
STREET ADDRESS	<b>3711 RIVER HALL DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>JACOWAY, T H</b>	
STREET ADDRESS	<b>1516 MOSELEY AVE</b>	
CITY-ST-ZIP	<b>PALATKA FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>MAY, PHILIP JR</b>	
STREET ADDRESS	<b>4324 MCGIRT BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>DAVIS, PATRICIA</b>	
STREET ADDRESS	<b>585 55 AVE NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>	
TITLE	/	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Davis, Robert</b>	
STREET ADDRESS	<b>430 Bahama Dr.</b>	
CITY-ST-ZIP	<b>Indianapolis, FL 31309</b>	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIES, PETER</b>	
STREET ADDRESS	<b>3370 N RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>INDIANANTIC, FL 32793</b>	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAVE, DANA</b>	
STREET ADDRESS	<b>2304 DON PATRICIO DR</b>	
CITY-ST-ZIP	<b>TRIANASSEE, FL 32734</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McCCarthy, Kevin M</b>	
STREET ADDRESS	<b>Dept of English</b>	
CITY-ST-ZIP	<b>UoFL - Gainesville, FL 32611-7310</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PHELTS, MARSHA</b>	
STREET ADDRESS	<b>2825 N Myrtle Ave</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **KEVIN M MCCARTHY** **4/18/03** **352-377-2178**  
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

Note: All officers are members of the ...

CR2E037 (10/02)