


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N33523</b> 1. Entity Name GWENDOLYN BROOKS WRITERS ASSOCIATION OF FLORIDA, INC.	
--	---

Principal Place of Business 100 WELDON BLVD SANFORD, FL 32773-6132	Mailing Address STEPHEN CALDWELL WRIGHT 100 WELDON BLVD SANFORD, FL 32773-6199 US
--	--

**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3015506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DAVID, TIMOTHY H. 781 MAITLAND AVE ALTAMONTE SPRINGS, FL 32715
---

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
---	---	------------

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, STEPHEN C 127 LANGSTON DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON, ANTHONY C 127 LANGSTON DRIVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLIS, BARNEY J 127 LANGSTON DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REFOE, ANNIE L 422 N HAWTHORNE CIR WINTER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/1/05 <small>Date</small>	407-328-2063 <small>Daytime Phone #</small>
--	-------------------------------	--