

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91026 049 ****70.00

DOCUMENT # N34787

1. Entity Name
NAPLES LITERARY SEMINAR, INC.



Principal Place of Business
**388 BROAD AVE SOUTH
NAPLES, FL 34102**

Mailing Address
**388 BROAD AVE SOUTH
NAPLES, FL 34102**



2. Principal Place of Business
271 Broad Ave South
Suite, Apt. #, etc.

3. Mailing Address
271 Broad Ave South
Suite, Apt. #, etc.

04032004 Chg-NP CR2E037 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
65-0183034

Applied For
Not Applicable

Zip **34102** Country

Zip **34102** Country

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

6. Name and Address of Current Registered Agent

**SEXTON, DAVID N.
4001 TAMiami TrL N, STE 250
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 ☐ Delete
NAME **D FARRINGTON, CAROL C.**
STREET ADDRESS **388 BROAD AVE. S**
CITY-ST-ZIP **NAPLES, FL**

TITLE ☐ Delete
NAME **D SEXTON, PATTY**
STREET ADDRESS **1995 8TH STREET SOUTH**
CITY-ST-ZIP **NAPLES, FL**

TITLE ☐ Delete
NAME **D FARRINGTON, CAROLINE C**
STREET ADDRESS **901 GALLEON DR.**
CITY-ST-ZIP **NAPLES, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **271 Broad Ave. S.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carol C. Farrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

339-2427950

Daytime Phone #