

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # N92000000653 (7)**

1. Corporation Name

FLORIDA FIRST COAST WRITERS' FESTIVAL, INC.

Principal Place of Business

Mailing Address

**4501 CAPPER ROAD
JACKSONVILLE FL 32218****4501 CAPPER ROAD
JACKSONVILLE FL 32218**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1992

3a. Date of Last Report

07/06/1994

4. FEI Number

59-3084216

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status**\$68.75** Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUNT, JOHN
4501 CAPPER ROAD
JACKSONVILLE FL 32218**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FIELER, KATHY
4523 CAROLYN COVE LANE SOUTH
JACKSONVILLE FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**D
VICKIE SWINDLING
3210 WEDGEFIELD BLVD.
JACKSONVILLE FL 32277**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DOBRIE, JUDY
13781 MANDARIN ROAD
JACKSONVILLE FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
REMOVETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DENSON, HOWARD
4501 CAPPER ROAD
JACKSONVILLE FL 32218**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HUNT, JOHN
6704 BUFFALO AVE.
JACKSONVILLE FL 32208**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CLOWER, CATHY
101 W. STATE STREET
JACKSONVILLE FL**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

(904) 760-6697