

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

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED AND FILED**

96 MAY 00 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N95000000779**

1. Corporation Name

**The Edward F. Marsicano Literary Trust, Inc.**

Principal Place of Business

Mailing Address

**2945 Brandemere Drive  
Tallahassee, Fla. 32312**

3. Date Incorporated or Qualified  
**Feb. 16, 1995**

3a. Date of Last Report  
**None**

2. Principal Place of Business

21 **2945 Brandemere Dr.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

**Tallahassee, Fla.**

28 City & State

City & State

24 Zip

**32312**

25 Country

**U.S.**

29 Zip

Zip

30 Country

Country

4. FEI Number

**59-3307837**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**James J. Logue  
2945 Brandemere Drive  
Tallahassee, Florida 32312**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*James J. Logue*

**James J. Logue**

*May 1, 1996*

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Managing Director** ☐ DELETE  
NAME **James J. Logue "M"**  
STREET ADDRESS **2945 Brandemere Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **Managing Director** ☐ DELETE  
NAME **Jesslyn A. Krouskroup "M"**  
STREET ADDRESS **1511 Marion Avenue**  
CITY-ST-ZIP **Tallahassee, Fla. 32303**

TITLE **Director** ☐ DELETE  
NAME **Tyler Turkle "D"**  
STREET ADDRESS **Post Office Box 55/ 1511 Marion**  
CITY-ST-ZIP **Tallahassee, Fla. 32303**

TITLE **Director** ☐ DELETE  
NAME **James Young "D"**  
STREET ADDRESS **1602 Twin Lakes Dr.**  
CITY-ST-ZIP **Bainbridge, Georgia 31717**

TITLE **Director** ☐ DELETE  
NAME **Cindy Johnson "D"**  
STREET ADDRESS **540 South Broad Street**  
CITY-ST-ZIP **Cairo, Georgia 31728**

TITLE **Director** ☐ DELETE  
NAME **Barry Handberg "D"**  
STREET ADDRESS **806 N.E. 9th St.**  
CITY-ST-ZIP **Gainesville, Fla. 32601**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

11 TITLE **Director** ☐ Change ☒ Addition  
12 NAME **Patricia Collins "D"**  
13 STREET ADDRESS **83 Grand St. Grnd. Floor**  
14 CITY-ST-ZIP **New York, NY 10013**

21 TITLE **Director** ☐ Change ☒ Addition  
22 NAME **Peter S. Sachs "D"**  
23 STREET ADDRESS **10213 Indian Princess Dr.**  
24 CITY-ST-ZIP **Jacksonville, Fla. 32257**

31 TITLE **Director** ☐ Change ☒ Addition  
32 NAME **Robert L. Lane "D"**  
33 STREET ADDRESS **Route 5, Box 2705**  
34 CITY-ST-ZIP **Bainbridge, GA 31717**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 119.07(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:

*James J. Logue*

**James J. Logue  
Managing Director**

*May 1, 1996*

Date

**385-6114  
922-9793**

Daytime Phone #

CR2E037 (12/95)