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1997 JUN 13 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000779
1. Corporation Name

The Edward F. Marsicano Literary Trust, Inc.

Principal Place of Business 2945 Brandemere Drive Tallahassee, Fla. 32312	Mailing Address 2945 Brandemere Drive Tallahassee, FL 32312
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2. Principal Place of Business 21 2945 Brandemere Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 2945 Brandemere Drive Suite, Apt. #, etc.
22 City & State 23 Tallahassee, Fla.	27 City & State 28 Tallahassee Fla.
24 Zip 32312	25 Country U.S.A.
29 Zip 32312	30 Country U.S.A.

3. Date Incorporated or Qualified Feb. 16, 1995	3a. Date of Last Report May 1, 1996
4. FEI Number 59-3307837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 4000002211684--B
82 Street Address (P.O. Box Number is Not Acceptable) 0671377--01064--006
83 *****70.00 *****70.00
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	Managing Director <input type="checkbox"/> DELETE
NAME	James J. Logue M
STREET ADDRESS	2945 Brandemere Drive
CITY-ST-ZIP	Tallahassee, Fla. 32312
TITLE	Managing Director <input type="checkbox"/> DELETE
NAME	Jesslyn A. Krouskroup M
STREET ADDRESS	1511 Marion Avenue
CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	Director <input type="checkbox"/> DELETE
NAME	Tyler Turkle D
STREET ADDRESS	P.O. Box 55 1511 Marion Ave 32303
CITY-ST-ZIP	Tallahassee, FL 32302
TITLE	Director <input type="checkbox"/> DELETE
NAME	James Young D
STREET ADDRESS	1602 Twin Lakes Dr.
CITY-ST-ZIP	Bainbridge, GA 31717
TITLE	Director <input type="checkbox"/> DELETE
NAME	Cindy Johnson D
STREET ADDRESS	123 Braswell Circle
CITY-ST-ZIP	Cairo, GA 31728
TITLE	Director <input type="checkbox"/> DELETE
NAME	Barry Handberg D
STREET ADDRESS	806 N.E. 9th St.
CITY-ST-ZIP	Gainesville, FL 32601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peter S. Sachs D
1.3 STREET ADDRESS	10213 Indian Princess Dr.
1.4 CITY-ST-ZIP	Jacksonville, FL 32257
2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patricia Collins D
2.3 STREET ADDRESS	83 Grand St. Ground Floor
2.4 CITY-ST-ZIP	New York, N.Y. 10013
3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert L. Lane D
3.3 STREET ADDRESS	Route 5, Box 2705
3.4 CITY-ST-ZIP	Bainbridge, GA 31717
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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** **June 13, 1997** **922-9793**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)