

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000000516

FILED  
Sep 13, 2006  
Secretary of State

Entity Name: THE LITERARY SOCIETY, INC.

## Current Principal Place of Business:

% NORTH TRUST BANK  
8060 COLLEGE PARKWAY  
FT. MYERS, FL 33919

## New Principal Place of Business:

% NORTHERN TRUST BANK  
8060 COLLEGE PARKWAY  
FT. MYERS, FL 33919

## Current Mailing Address:

% NORTH TRUST BANK  
8060 COLLEGE PARKWAY  
FT. MYERS, FL 33919

## New Mailing Address:

% NORTHERN TRUST BANK  
8060 COLLEGE PARKWAY  
FT. MYERS, FL 33919

FEI Number: 65-0653579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, DAVID  
8060 COLLEGE PARKWAY  
FT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

EDENFIELD, PAULA  
8060 COLLEGE PARKWAY  
FT MYERS, FL 33919 US

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.

SIGNATURE: PAULA EDENFIELD

09/13/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: ROBINSON, DAVID  
Address: 8060 COLLEGE PARKWAY  
City-St-Zip: FT. MYERS, FL

Title: D ( ) Delete  
Name: BORDEN, PATTY  
Address: 3880 W. RIVERSIDE DRIVE  
City-St-Zip: FT. MYERS, FL 33901

Title: D ( ) Delete  
Name: SIEGEL, BARBARA  
Address: 8060 COLLEGE PKWY  
City-St-Zip: FT. MYERS, FL

Title: D ( ) Delete  
Name: ROBINSON, CAROL  
Address: 8060 COLLEGE PARKWAY  
City-St-Zip: FT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: EDENFIELD, PAULA  
Address: 8060 COLLEGE PARKWAY  
City-St-Zip: FT. MYERS, FL

Title: D (X) Change ( ) Addition  
Name: BORDEN, PATTY  
Address: 8060 COLLEGE PKWY  
City-St-Zip: FT. MYERS, FL 33919

Title: D (X) Change ( ) Addition  
Name: MCNEAL, JANICE  
Address: 8060 COLLEGE PKWY  
City-St-Zip: FT. MYERS, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA EDENFIELD

D

09/13/2006

Electronic Signature of Signing Officer or Director

Date