

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000516

FILED
Apr 25, 2011
Secretary of State

Entity Name: THE LITERARY SOCIETY, INC.

Current Principal Place of Business:

7960 SUMMERLIN LAKES DR.
% NORTHERN TRUST BANK
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

7960 SUMMERLIN LAKES DR.
% NORTHERN TRUST BANK
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0653579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASER, TRACI
7960 SUMMERLIN LAKES DR.
% NORTHERN TRUST BANK
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D
Name: REASONER, GARRETT H JR
Address: 7960 SUMMERLIN LAKES DR.
City-St-Zip: FT. MYERS, FL 33907

Title: T,D
Name: FASSETT, JOHN
Address: 7960 SUMMERLIN LAKES DR.
City-St-Zip: FT. MYERS, FL 33907

Title: D
Name: BORDEN, PATRICIA
Address: 7960 SUMMERLIN LAKES DR.
City-St-Zip: FT. MYERS, FL 33907

Title: D
Name: ROBINSON, DAVID
Address: 7960 SUMMERLIN LAKES DR
City-St-Zip: FT. MYERS, FL 33907

Title: D
Name: SIEGEL, BARBARA
Address: 7960 SUMMERLIN LAKES DR
City-St-Zip: FT. MYERS, FL 33907

Title: D
Name: WILLIAMS, DONNA
Address: 7960 SUMMERLIN LAKES DR
City-St-Zip: FT. MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: GARRETT H. REASONER, JR.

P

04/25/2011

Electronic Signature of Signing Officer or Director

Date