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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001954 (4)**

1. Corporation Name

GULF SHORE LITERARY SOCIETY, INC.



Principal Place of Business 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 33940	Mailing Address 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 34103-3023
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3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0706565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, KIMBERLY L
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 33940**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Carol B. Boyd* 1/10/97
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol B. Boyd President & Treasurer Northern Trust Bank 4001 Tamiami Trail N., Naples, Fla. 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol Farrington 901 Galleon Dr Naples, Fla. 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim Johnson Charles & Brady Barnett Center, Suite 300 4501 Tamiami Trail N., Naples, Fla. 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Colleen Conant, Editor Naples Daily News Central Ave, Naples 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debbie Cook 4246 Cutlass Lane Naples, Fla. 34102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Treasurer
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary - corresponding
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Vice - President
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Secretary - recording

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.

CR2E037 (9/96)