

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000516

Entity Name: THE LITERARY SOCIETY, INC.**Current Principal Place of Business:**7960 SUMMERLIN LAKES DR.
% NORTHERN TRUST BANK
FT. MYERS, FL 33907**Current Mailing Address:**7960 SUMMERLIN LAKES DR.
% NORTHERN TRUST BANK
FT. MYERS, FL 33907**FEI Number:** 65-0653579**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRASER, TRACI
7960 SUMMERLIN LAKES DR.
% NORTHERN TRUST BANK
FT. MYERS, FL 33907 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	DIRECTOR, VP
Name	FASSETT, JOHN
Address	7960 SUMMERLIN LAKES DR.
City-State-Zip:	FT. MYERS FL 33907

Title	D, TREASURER
Name	ADAMS, KATHY
Address	7960 SUMMERLIN LAKES DR.
City-State-Zip:	FT. MYERS FL 33907

Title	D
Name	ALDERMAN, DARILYN
Address	7960 SUMMERLIN LAKES DR
City-State-Zip:	FT. MYERS FL 33907

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

Title	DIRECTOR, SECRETARY
Name	HIMSCHOOT, PAULA
Address	7960 SUMMERLIN LAKES DR.
City-State-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.**PRESIDENT****05/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date