

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 23, 2008  
Secretary of State

DOCUMENT# N02000005461

Entity Name: VOICES OF STORY STORYTELLING GUILD INC.

**Current Principal Place of Business:**

1357 PALMWOOD DR  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

1357 PALMWOOD DR  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SUITER, WILLIAM  
3479 FLORAL PALM BLVD.  
MELBOURNE, FL 32901 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: DIR ( ) Delete  
Name: REICH, ROSA  
Address: 4134 FENROSE CIRCLE  
City-St-Zip: MELBOURNE, FL 32935 US

Title: DIR ( ) Delete  
Name: FORNEY, JEROME  
Address: 1357 PALMWOOD DR  
City-St-Zip: MELBOURNE, FL 32935 US

Title: DIR ( ) Delete  
Name: PHILLIPS, JAMES  
Address: 164 ANGELO ROAD SE  
City-St-Zip: PALM BAY, FL 32909 US

Title: PRES ( ) Delete  
Name: FORNEY, ADA  
Address: 1357 PALMWOOD DR  
City-St-Zip: MELBOURNE, FL 32935 US

Title: VP ( ) Delete  
Name: SUITER, WILLIAM  
Address: 3479 FLORAL PALM BLVD  
City-St-Zip: WEST MELBOURNE, FL 32901 US

Title: TREA ( ) Delete  
Name: NATHAN, ED  
Address: 736 SEYMOUR RD. NE  
City-St-Zip: PALM BAY, FL 32905 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ADA FORNEY

Electronic Signature of Signing Officer or Director

PRES

08/23/2008

\_\_\_\_\_ Date