FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21494 **(2)**

1. Corporation Name
FLORIDA STORYTELLERS GUILD, INC.

Principal Place of Business	Mailing Address
321 E. LAKEVIEW AVE. EUSTIS FL 32726 US	P. O. BOX 593 EUSTIS FL 32726-0593 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1987
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-2836345 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 353 Dayton Blvd	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Melbourne Village FL	28 City & State
24 Zip: 32904 25 Country: US	29 Zip 30 Country

9. Name and Address of Current Registered Agent

BRUCE, ANNETTE
321 E. LAKEVIEW AVE.
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: John Herrick Jeffers
82 Street Address (P.O. Box Number is Not Acceptable): 353 Dayton Blvd
83 :
84 City: Melbourne Village FL 85 Zip Code: 32904

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John Herrick Jeffers, Treasurer — John Herrick Jeffers — April 13, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MANCUBO, ANN	1.2 NAME	
STREET ADDRESS	445 STONEWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	T ☒ Change ☐ Addition
NAME	BRUCE, ANNETTE	2.2 NAME	John Herrick Jeffers
STREET ADDRESS	321 E. LAKEVIEW AVE.	2.3 STREET ADDRESS	353 Dayton Blvd
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	Melbourne Village, FL 32904
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, MARGARET	3.2 NAME	
STREET ADDRESS	3050 S. PENNINSULA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S ☒ Change ☐ Addition
NAME	MARSHBURGER, SHELLEY	4.2 NAME	Myra A Davis
STREET ADDRESS	1936 GREENWOOD DR.	4.3 STREET ADDRESS	1630 Oleander Place
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Bartow, FL 33830
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, STEVE	5.2 NAME	
STREET ADDRESS	3452 PURITAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	KITCHENS, ELAINE	6.2 NAME	Jim Mittelstadt
STREET ADDRESS	2391 KENWOOD AVE.	6.3 STREET ADDRESS	5192 Trailing Oaks Ct
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32258

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John Herrick Jeffers — John H Jeffers — 4/14/95 — 407-676-3024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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