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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N21494

(2)

FLORIDA STORYTELLERS GUILD, INC.									
Principal Place	of Business	Mailing Address					\$83 01011 05011 01911 01 3	II BIDIO DIDII IDDI	
SSS DAYTON		• P. O. BOX 533 • • EU3T/3 FL 32729 0533 •	*EUSTIS FL-92720-0539-				_		
						3. Date Incorporated or Qualified 07/08/1987	3a. Date of Las 04/21/		
2. Principal Place of Business 21 1630 OLEANDER PLACE 26 1630 OLEAN				NDER PLACE		4. FEI Number 59-2836345		Applied For Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required	
City & State 23 BART	OW, FL	City & State 28 BARTOW, FL				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 33830 25 US A		Zip 29 33830	9 33830 30			8. This corporation has liability for intangible Florida Statutes Yes		s 🗆 No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81 Name				1	
JEFFERS, JOHN HERRICK				82 Street	et Address (P.O. Box Number is Not Acceptable)				
353 DAYTON BLVD						* 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1			
MELBOURNE VILLAGE FL 32904				83					
			ľ	84 City			FL 85 2	ip Code	
44 Purcuant t	a the provisions of Sections 617 0500	and 617 1509 Florida Statuta	e the abou	in named or	oroorat	tion pulpoits this statement for the surrou		registered office	
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. Thereby accept the appointment as registered agent. I am									
familiar with, and accept the obligations of, Section 617.0508, Norida Statutes. SIGNATURE SIGNATURE 30,1996								· /	
SIGNATURE _	Synapre, typed or printed name of registered agent a	1 Mary NOT	F. Registered	Agent signature r	en ired v	when reinstation)	- DU 177	6	
12.	OFFICERS AND	<u> </u>	13.	regioni segnatoro	oquito 1	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
TITLE	- 1	DELETE	1.1 TIT	1.1 TITLE		IRECTOR	Change	☐ Addition	
NAME	MANCUBO, ANN		1.2 NA	1.2 NAMÉ		LAINE KITCHINGS			
STREET ADDRESS	445-STONEWOOD LANE		1351	REET ADDRESS	2	1391 KINWOOD AVE	_		
CITY-ST-ZIP	MAITLAND FL		14 00	IY-ST-ZIP	J	IACKGONVILLE, FL 32	1209		
TITLE	+	DELETE	2 1 TiT	21 TITLE		ESIDENT - ELECT	☐ Change	☐ Addition	
NAME	Jeffers, John Herrick		2 2 NA	22 NAME J		FFERS, JOHN HERRICK			
STREET ADDRESS	353 DAYTON BLVD		23 \$7	REET ADORESS	35	3 DAYTON BLVD.	220.4	1	
CITY - ST - ZIP	MELBOURNE VILLAGE FL	<u> </u>	2 4 CI	TY-ST-ZIP		ELBOURNE VILLAGE, FL			
TITLE		DELETE	3 1 111	L E		reasurer	Change	Addition	
NAME	LAWRENCE, MARGARET -		3 2 NA	ME	M	ICHAEL BRYAN			
STREET ADDRESS	9050 S. PENNINSULA DR.		3351	REET ADDRESS		959 - 84TH AVE N			
CITY - ST - ZIP	DAYTONA BCH. FL			TY-ST-ZIP		EMINOLE, FL 33772			
TITLE	6	DELETE	4.1 TIT		-11	erry secretary	Change	Addition	
NAME	DAVIS, MYRA A		4. 2 N/			BRY DEER			
STREET ADDRESS	1630 OLEANDER PLACE			REET ADDRESS	10	32 TOMKINS DR	10		
CITY - ST - ZIP	BARTOW FL	DELETE	_	TY-ST-ZIP	P	ORT DRANGE, FL 321		Addition	
TITLE	D RDOOKS STEVE	Mereic		5.1 TITLE 5.2 NAME			☐ Change	Addition	
NAME OTDEET ADDOCCO	Brooks, Steve 3452 Puritan Ave				1				
STREET ADDRESS	WINTER PARK FL			REET ADDRESS					
CITY-ST-ZIP TITLE	D D	DELETE	61 TI	TY-ST-ZIP	+		Change	Addition	
NAME	MITTELSTADT, JIM		62 NA				L_ Change		
STREET ADDRESS	5192 TRAILING OAKS CT			REET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			TY-ST-ZIP					
		vith this filing is voluntarily furni			alify for	r the exemption stated in Section 119.0	7(3)(k), Florida Stati	utes. I further	

14. I do hereby certify that the information supplied with this fling is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), 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:

Muchael Byan signature and typed on printed name of signing officer or director

6/30/96 (813)397-2112