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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N21494** **(2)**

1. Corporation Name

FLORIDA STORYTELLERS GUILD, INC.

Principal Place of Business	Mailing Address
1630 OLEANDER PLACE BARTOW FL 33830 US	1630 OLEANDER PLACE BARTOW FL 33830 US

3. Date Incorporated or Qualified: 07/08/1987

4. FEI Number: 59-2836345 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JEFFERS, JOHN HERRICK
353 DAYTON BLVD
MELBOURNE VILLAGE FL 32904

10. Name and Address of New Registered Agent

81 Name: John McLaughlin
82 Street Address (P.O. Box Number is Not Acceptable)
83 512 Morningside DR.
84 City: Ponte Vedra Bch FL 85 Zip Code: 32082

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: John McLaughlin, treasurer — DATE: 6/3/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	KITCHINGS, ELAINE		1.2 NAME	Phyllis NeSmith	
STREET ADDRESS	2391 KINWOOD AVENUE		1.3 STREET ADDRESS	P.O. Box 4446	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Neptune, FL 32468	
TITLE	P	☒ DELETE	2.1 TITLE	PE	☒ Change ☐ Addition
NAME	JEFFERS,		2.2 NAME	Jane Sims	
STREET ADDRESS	353 DAYTON BLVD		2.3 STREET ADDRESS	35 Fullerwood DR.	
CITY-ST-ZIP	MELBOURNE VILLAGE FL		2.4 CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	T	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	BRYAN, MICHAEL		3.2 NAME	John McLaughlin	
STREET ADDRESS	11959 84TH AVE N		3.3 STREET ADDRESS	512 Morningside DR	
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEER, TERRY		4.2 NAME		
STREET ADDRESS	1032 TOMKINS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BROOKS, STEVE		5.2 NAME	Maggie Mullins	
STREET ADDRESS	3452 PURITAN AVE		5.3 STREET ADDRESS	3024 Turtle Gait Lane	
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	PE	☐ DELETE	6.1 TITLE	P	☒ Change ☐ Addition
NAME	GRIFFIN, LEILA		6.2 NAME	Griffin, Leila	
STREET ADDRESS	610 GLADIOLA ST		6.3 STREET ADDRESS	610 Gladiola St.	
CITY-ST-ZIP	IMMOKALEE FL		6.4 CITY-ST-ZIP	Immokalee, FL 34142	

CR2E037 (10/97)

14. I 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.

SIGNATURE: John McLaughlin — 6/3/98 — 904-285-6958