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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21494**

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

2. Principal Place of Business 21	2a. Mailing Address 26 512 MORNINGSIDE DR	3. Date Incorporated or Qualifed 07/08/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2836345 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 PONTE VEDRA BCH, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 32082 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHN MCLAUGHLIN
512 MORNINGSIDE DR
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
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	☐ Change ☐ Addition
NAME	PHYLLIS NESMITH		1.2 NAME	
STREET ADDRESS	P O BOX 446 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	NOCATER FL 32468		1.4 CITY-ST-ZIP	
TITLE	PE	☐ DELETE	2.1 TITLE	P ☒ Change ☐ Addition
NAME	JANE SIMS		2.2 NAME	JANE SIMS
STREET ADDRESS	35 FULLERWOOD DR		2.3 STREET ADDRESS	35 FULLERWOOD DR
CITY-ST-ZIP	ST AUGUSTINE FL 32095		2. 4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHN MCLAUGHLIN		3.2 NAME	
STREET ADDRESS	512 MORNINGSIDE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082		3.4. CITY-ST-ZIP	
TITLE	S	☒ DELETE	4.1 TITLE	S ☐ Change ☒ Addition
NAME	DEER, TERRY		4. 2 NAME	JESSERS, TERRICK
STREET ADDRESS	1032 TOMKINS DRIVE		4.3 STREET ADDRESS	353 DAYTON BLVD
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP	MELBOURNE VILLAGE, FL 32904
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MAGGIE MULLINS		5.2 NAME	
STREET ADDRESS	3024 TURTLE GAIT LN		5.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957		5.4 CITY-ST-ZIP	
TITLE	P	☒ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	GRIFFIN, LEILA		6.2 NAME	NEASE, PAT
STREET ADDRESS	610 GLADIOLA ST		6.3 STREET ADDRESS	4435 PRATT AVE
CITY-ST-ZIP	IMMOKALEE FL 34142		6.4 CITY-ST-ZIP	PANAMA CITY, FL 32404

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/14/99 904-285-6958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)