2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90094 017 ****61.50

DOCUMENT # N21494

1. Entity Name

FLORIDA STORYTELLERS GUILD, INC.

Principal Place of Business	Mailing Address
1630 OLEANDER PLACE BARTOW FL 33830 US	512 MORNINGSIDE DR. PONTE VEDRA BCH FL 32082-2813 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
825 Royal Palm DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry, FL	City & State
Zip: 32707 Country: SEMINOR	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHN MCLAUGHLIN 512 MORNINGSIDE DR PONTE VEDRA BCH FL 32082	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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: John P McLaughlin 5/18/00
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHYLLIS NESMITH P O BOX 446 N/A NOCATER FL 32468	☒ Delete	D CARRIE SUE AYNAR 1829 NE 179TH ST N MIAMI BEACH, FL 33162	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMS, JANE 35 FULLERWOOD DR ST AUGUSTINE FL 32095	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHN MCLAUGHLIN 512 MORNINGSIDE DR PONTE VEDRA BCH FL 32082	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HERRICK, JESSERS 353 DAYTON BLVD MELBOURNE VILLAGE FL 32904	☒ Delete	S KAYE BYRNES 182 COASTAL OAK CIRCLE PONTE VEDRA BCH, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGGIE MULLINS 3024 TURTLE GAIT LN SANIBEL FL 33957	☒ Delete	D DON LEONARD 28 OCALI WAY SUMMERFIELD, FL 34491	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEASE, PAT 4435 PRATT AVE PANAMA CITY FL 32404	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John P McLaughlin 5/18/00 904-285-6952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #