2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State
02-03-2004 90011 042 ****61.25

DOCUMENT # N21494

1. Entity Name
FLORIDA STORYTELLING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
519 E. FIRST ST #401 SANFORD, FL 32771 US	PO BOX 525 SANFORD, FL 32772 US

01302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
511 N. Wayman St Suite, Apt. #, etc.	PO Box 522464 Suite, Apt. #, etc.
City & State: Longwood FL	City & State: Longwood FL
Zip: 32750 Country: USA	Zip: 32752 Country: USA

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
BYRNES, KAYE 182 COASTAL OAK CIRCLE PONTE VEDRA BEACH, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kaye Byrnes, Treasurer 1/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AYRAR, CARRIE S 1829 NE 179 ST N MIAMI, FL 33112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Ayvar, Carrie Sue
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S O'HARA, SUSAN 872 CROTON RD ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALLSTEN, KARL 940 EVEREST RD VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BYRNES, KAYE 182 COASTAL OAK CR PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONARD, DON 28 OCALI WAY SUMMERFIELD, FL 34491	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEASE, PAT 4435 PRATT AVE PANAMA CITY, FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Karen Kaye Byrnes 1/30/04 9042851561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #