2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# N21494

Entity Name: FLORIDA STORYTELLING ASSOCIATION, INC.

Current Principal Place of Business:

6909 N. RIVER ROAD
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 49023
JACKSONVILLE BEACH, FL 32240 US

New Mailing Address:

FEI Number: 59-2836345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERS, KIM
6909 N. RIVER ROAD
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	AYVAR, CARRIE SUE	
Address:	1829 NE 179 STREET	
City-St-Zip:	NORTH MIAMI BEACH, FL 33162	
Title:	S	( ) Delete
Name:	GREGOR, VICTORIA	
Address:	3909 OKLAHOMA AVENUE	
City-St-Zip:	TAMPA, FL 33616	
Title:	D	( ) Delete
Name:	MCCLUNE, JESSICA	
Address:	1230 SE 12TH STREET	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	NEILE, CAREN	
Address:	48 SW 9TH TERRACE	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	O'REAR, MITCHELL	
Address:	1380 INDIANA AVENUE # 3	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	P	( ) Delete
Name:	RIVERS, KIM	
Address:	6909 N. RIVER ROAD	
City-St-Zip:	TAMPA, FL 33604	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	BUTTERWORTH, MYLINDA	
Address:	1721 CANOE CREEK RD□	
City-St-Zip:	OVIEDO, FL 32766	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FORNEY, ADA	
Address:	1357 PALMWOOD DR	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	D	(X) Change ( ) Addition
Name:	HARRIS, EMILY	
Address:	1689 SEASCAPE CIRCLE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	D	(X) Change ( ) Addition
Name:	BALDWIN, JERI	
Address:	P.O. BOX 535	
City-St-Zip:	ORANGE SPRINGS, FL 34698	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM RIVERS P 04/13/2008

Electronic Signature of Signing Officer or Director — Date