2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
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:

PO BOX 50
ORANGE SPRINGS, FL 32182 US

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

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:	BUTTERWORTH, MYLINDA	
Address:	1721 CANOE CREEK RD	
City-St-Zip:	OVIEDO, FL 32766	
Title:	S	( ) Delete
Name:	GREGOR, VICTORIA	
Address:	3909 OKLAHOMA AVENUE	
City-St-Zip:	TAMPA, FL 33616	
Title:	D	( ) Delete
Name:	FORNEY, ADA	
Address:	1357 PALMWOOD DR	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	D	( ) Delete
Name:	HARRIS, EMILY	
Address:	1689 SEASCAPE CIRCLE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	D	( ) Delete
Name:	BALDWIN, JERI	
Address:	P.O. BOX 535	
City-St-Zip:	ORANGE SPRINGS, FL 34698	
Title:	P	( ) Delete
Name:	RIVERS, KIM	
Address:	6909 N. RIVER ROAD	
City-St-Zip:	TAMPA, FL 33604	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	AYE, WALTER	
Address:	810 S. EDISON AV	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	(X) Change ( ) Addition
Name:	PATTERSON, BOB	
Address:	165 LINDEN RD	
City-St-Zip:	ST AUGUSTINE, FL 32086	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(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 03/31/2009

Electronic Signature of Signing Officer or Director — Date