2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2022
Secretary of State
1684467275CC

DOCUMENT# N21494

Entity Name: FLORIDA STORYTELLING ASSOCIATION, INC.

Current Principal Place of Business:

711 N DONNELLY
BOX 258
MOUNT DORA, FL 32756

Current Mailing Address:

711 N. DONNELLY STREET
POST OFFICE BOX 258
MOUNT DORA, FL 32756 US

FEI Number: 59-2836345

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YING, JOEL DR
4961 CORAL WOOD DRIVE
NAPLES, FL 34119 US

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: DR. JOEL YING 04/05/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	YING, JOEL
Address	4961 CORAL WOOD DR
City-State-Zip:	NAPLES FL 34119

Title	DIRECTOR
Name	CASE, NANCY
Address	1917 NW 102ND PLACE
City-State-Zip:	GAINESVILLE FL 32609

Title	DIRECTOR
Name	CASE, NANCY
Address	1917 NW 102ND PLACE
City-State-Zip:	GAINESVILLE FL 32609

Title	DIRECTOR
Name	KALER REYNOLDS, MARGARET
Address	252 MENECAL AVE
City-State-Zip:	ST AUGUSTINE FL 32084

Title	TREASURER
Name	BARKLEY, KIP
Address	1100 SE 5 COURT APT 24
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	WELLER, DEBORAH
Address	510 LOS CAMINOS
City-State-Zip:	ST AUGUSTINE FL 34119

Title	BOOKKEEPER
Name	BYRNES, KAREN K
Address	3684 HEDRICK ST APT D
City-State-Zip:	JACKSONVILLE FL 32205

Title	DIRECTOR
Name	BELCHER, WALTER
Address	1062 SUWANEE STREET
City-State-Zip:	SAFETY HARBOR FL 34695

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I hereby 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 all other like empowered.

SIGNATURE: KAREN KAYE BYRNES BOOKKEEPER 04/05/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	JAFFE, LYNN
Address	21750 HELMSDALE RUN
City-State-Zip:	ESTERO FL 33928