2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2024
Secretary of State
3605105015CC

DOCUMENT# N21494

Entity Name: FLORIDA STORYTELLING ASSOCIATION, INC.

Current Principal Place of Business:

2600 W OLD US HWY 441
PO BOX 258
MOUNT DORA, FL 32757

Current Mailing Address:

2600 W OLD US HWY 441
PO BOX 258
MOUNT DORA, FL 32757 US

FEI Number: 59-2836345

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLER, DEBORAH
2600 W OLD US HWY 441
PO BOX 258
MOUNT DORA, FL 32757 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: DEBORAH WELLER 03/02/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

Title	SECRETARY
Name	NEASE, PATRICIA
Address	4435 PRATT AVE
City-State-Zip:	PANAMA CITY FL 32404

Title	TREASURER
Name	RUSSELL, ANDY
Address	2287 LANDREA LOOP
City-State-Zip:	WILDWOOD FL 32163

Title	DIRECTOR
Name	LADD, MONICA
Address	1849 SW SALVATIERRA BLVD
City-State-Zip:	PORT ST LUCIE FL 34987

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 BYRNES BOOKKEEPER 03/02/2024

Electronic Signature of Signing Officer/Director Detail — Date