2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2019
Secretary of State
9667469201CC

DOCUMENT# N21494

Entity Name: FLORIDA STORYTELLING ASSOCIATION, INC.

Current Principal Place of Business:

711 N DONNELLY ST
BOX 258
MOUNT DORA, FL 32756

Current Mailing Address:

POST OFFCIE BOX 258
MT. DORA, FL 32756

FEI Number: 59-2836345

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, KATHLEEN
711 N DONNELLY ST
BOX 258
MOUNT DORA, FL 32756 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:

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	TREASURER
Name	O'LEARY, LOUISE G
Address	9610 NW 75TH STREET
City-State-Zip:	TAMARAC FL 33321

Title	DIRECTOR
Name	POTS, MADELINE
Address	1499 ALOMA AVE.
City-State-Zip:	WINTER PARK FL 32789

Title	SECRETARY
Name	MCCUNE, JESSICA
Address	1230 SE 12TH STREET
City-State-Zip:	OCALA FL 34471

Title	FESTIVAL DIRECTOR
Name	BYRNES , KAREN K
Address	1345 TALBOT AVE
City-State-Zip:	JACKSONVILLE FL 32205

Title	DIRECTOR
Name	SCHULTE, ROBIN
Address	3531 WADING HERON TERRACE
City-State-Zip:	OVIEDO FL 32766

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: KATHLEEN WILLIAMS REGISTERED AGENT 04/15/2019

Electronic Signature of Signing Officer/Director Detail — Date