

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005461

FILED
Apr 29, 2004
Secretary of State

Entity Name: VOICES OF STORY STORYTELLING GUILD INC.

Current Principal Place of Business:

1357 PALMWOOD DR
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

1357 PALMWOOD DR
MELBOURNE, FL 32935

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUITER, WILLIAM
3479 FLORAL PALM BLVD.
MELBOURNE, FL 32901 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: DIR () Delete
Name: FISHER, JACQUES
Address: 3903 GAIL BLVD
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: DIR () Delete
Name: FORNEY, JEROME
Address: 1357 PALMWOOD DR
City-St-Zip: MELBOURNE, FL 32935 US

Title: DIR () Delete
Name: PHILLIPS, JAMES
Address: 164 ANGELO ROAD SE
City-St-Zip: PALM BAY, FL 32909 US

Title: PRES () Delete
Name: FORNEY, ADA
Address: 1357 PALMWOOD DR
City-St-Zip: MELBOURNE, FL 32935 US

Title: VP () Delete
Name: SUITER, WILLIAM
Address: 3479 FLORAL PALM BLVD
City-St-Zip: WEST MELBOURNE, FL 32901 US

Title: TREA () Delete
Name: FISHER, DORIS
Address: 3903 GAIL BLVD
City-St-Zip: WEST MELBOURNE, FL 32904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADA FORNEY

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date