

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005461

FILED  
Aug 21, 2003  
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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR ( ) Change (X) Addition  
Name: FISHER, JACQUES  
Address: 3903 GAIL BLVD  
City-St-Zip: WEST MELBOURNE, FL 32904 US

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

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

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

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

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

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

08/21/2003

Electronic Signature of Signing Officer or Director

Date