

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 24, 2006
Secretary of State**

DOCUMENT# N02000007504

Entity Name: THE OCALA STORYTELLING FESTIVAL, INC.

Current Principal Place of Business:

121 NW THIRD STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

121 NW THIRD STREET
OCALA, FL 34475

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:

SIMONS, GARY C ESQ.
121 NW THIRD STREET
OCALA, FL 34475 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: P () Delete
Name: MCCUNE, JESSICA
Address: 1230 SE 12TH STREET
City-St-Zip: OCALA, FL 34471

Title: V () Delete
Name: CAHILL, HOLLY
Address: 2901 SW 41ST STREET #208
City-St-Zip: OCALA, FL 34474

Title: ST () Delete
Name: HOWARD, JANETH
Address: 16904 SW 44TH STREET
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: EDWARDS, LETA
Address: 13630 SE 50TH COURT
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: YOUNG, NANCY
Address: 2150 NE 145TH COURT
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: SIMONS, ELEANOR
Address: 4512 SE 6TH PLACE
City-St-Zip: OCALA, FL 34471

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: D (X) Change () Addition
Name: DUNN, SUSAN
Address: 222 SE 29TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: EVANS, TARYN
Address: 15620 SE 150TH AVENUE
City-St-Zip: WEIRSDALE, FL 32195

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 Chapter 119, 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: JESSICA MCCUNE

P

02/24/2006

Electronic Signature of Signing Officer or Director

Date