

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007504

FILED  
Feb 05, 2010  
Secretary of State

**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: 22-3875408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

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

Title: V  
Name: DENTON, HOLLY  
Address: 6252 SE 8TH LANE  
City-St-Zip: OCALA, FL 34472

Title: ST  
Name: HOFFER, DOROTHY  
Address: 2301 SE 175TH TERRACE  
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D  
Name: DUNN, SUSAN  
Address: 222 SE 29TH TERRACE  
City-St-Zip: OCALA, FL 34471

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

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

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: JESSICA W. MC CUNE

PRES

02/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date