

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008855

Entity Name: UNSEEN STORIES, INC.

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

150 PARKBROOK CT
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

150 PARKBROOK CT
TALLAHASSEE, FL 32301

New Mailing Address:

P.O. BOX 16013
TALLAHASSEE, FL 32317

FEI Number: 26-0889602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ABREU, JENNIFER
150 PARKBROOK CT
TALLAHASSEE, FL 32301 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: C () Delete
Name: MCNEES, MARK
Address: 150 PARKBROOK CT
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST () Delete
Name: FONTAINE, MADELINE
Address: 150 PARKBROOK CT
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CHESSUM, TODD
Address: 10514 BLUE WING CT
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: ABREU, JENNIFER
Address: 150 PARKBROOK CT
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SUMMERILL, KATILYN
Address: 150 PARKBROOK CT
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SWINDELL, CLAIRE
Address: 912 PINE ST.
City-St-Zip: TALLAHASSEE, FL 32303

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 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: JENNIFER ABREU

D

07/08/2008

Electronic Signature of Signing Officer or Director

Date