

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008855

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** UNSEEN STORIES, INC.

**Current Principal Place of Business:**

912 PINE ST.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16013  
TALLAHASSEE, FL 32317

**New Mailing Address:**

912 PINE ST.  
TALLAHASSEE, FL 32303

**FEI Number:** 26-0889602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUMMERILL, KAITLYN N MISS  
912 PINE ST.  
TALLAHASSEE, FL 32303 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  
**Name:** SWINDELL, CLAIRE MISS  
**Address:** 912 PINE ST.  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** ST  
**Name:** TUCKER, CARRIE MISS  
**Address:** 912 PINE ST.  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** D  
**Name:** SUMMERILL, KAITLYN MISS  
**Address:** 912 PINE ST.  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** D  
**Name:** MCELHANEY, SARAH MISS  
**Address:** 912 PINE ST  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** D  
**Name:** FORBES, AARON MR.  
**Address:** 912 PINE ST.  
**City-St-Zip:** TALLAHASSEE, FL 32303

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:** KAITLYN SUMMERILL

D

04/27/2012

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

\_\_\_\_\_  
Date