

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21494

FILED
Apr 04, 2006
Secretary of State

Entity Name: FLORIDA STORYTELLING ASSOCIATION, INC.

Current Principal Place of Business:

311 N WAYMAN ST.
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 522464
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 59-2836345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNES, KAYE
182 COASTAL OAK CIRCLE
PONTE VEDRA BEACH, FL 32082 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: D () Delete
Name: SCROGGIE, ANN
Address: 2100 SW 79TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: DUNWOODY, SHIRLEY
Address: 9 CROSSGATES COURT WEST
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: HALLSTEN, KARL
Address: 940 EVEREST RD
City-St-Zip: VENICE, FL 34293

Title: T () Delete
Name: STULL-SULLIVAN, TERESA
Address: 2500 21ST NW #19
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: MILLER, ROSALYN
Address: 6600 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: P () Delete
Name: BYRNES, KAYE
Address: 182 COASTAL OAK CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: GREGORY, JAMES
Address: 13600 NW 1ST AVE
City-St-Zip: MIAMI, FL 33168

Title: D (X) Change () Addition
Name: NEILE, CAREN
Address: 48 SW 9TH TERRACE
City-St-Zip: BOCA RATON, FL 33486

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 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: KAREN KAYE BYRNES

PRES

04/04/2006

Electronic Signature of Signing Officer or Director

Date