

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21494

FILED
May 03, 2010
Secretary of State

Entity Name: FLORIDA STORYTELLING ASSOCIATION, INC.

Current Principal Place of Business:

6909 N. RIVER ROAD
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 50
ORANGE SPRINGS, FL 32182 US

New Mailing Address:

FEI Number: 59-2836345 **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:

RIVERS, KIM
6909 N. RIVER ROAD
TAMPA, FL 33604 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
Name: BUTTERWORTH, MYLINDA
Address: 1721 CANOE CREEK RD
City-St-Zip: OVIEDO, FL 32766

Title: S
Name: AYE, WALTER
Address: 810 S. EDISON AV
City-St-Zip: TAMPA, FL 33606

Title: D
Name: PATTERSON, BOB
Address: 165 LINDEN RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D
Name: HARRIS, EMILY
Address: 1689 SEASCAPE CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T
Name: BALDWIN, JERI
Address: P.O. BOX 535
City-St-Zip: ORANGE SPRINGS, FL 34698

Title: P
Name: RIVERS, KIM
Address: 6909 N. RIVER ROAD
City-St-Zip: TAMPA, FL 33604

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: JERI BALDWIN

T

05/03/2010

Electronic Signature of Signing Officer or Director

Date