

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21494

FILED  
Oct 10, 2011  
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:**

14810 NW 121 TERRACE  
ALACHUA, FL 33615 US

**Current Mailing Address:**

PO BOX 50  
ORANGE SPRINGS, FL 32182 US

**New Mailing Address:**

P.O. BOX 70  
ALACHUA, FL 32616

**FEI Number:** 59-2836345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RIVERS, KIM  
6909 N. RIVER ROAD  
TAMPA, FL 33604 US

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

HOFFER, DEIGH  
14810 NW 121 TERRACE  
ALACHUA, FL 32615 US

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: DEIGH HOFFER

10/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BUTTERWORTH, MYLINDA  
Address: 8396 MARYLAND ROAD  
City-St-Zip: LAKE SHORE, MD 21122

Title: VP  
Name: KASTLE, CHRIS  
Address: 37205 HARBOUR VISTA CR  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T  
Name: BALDWIN, JERI  
Address: 6411 NE 217TH PLACE  
City-St-Zip: CITRA, FL 32182

Title: S  
Name: ALEXANDRE, ADELE  
Address: 3305 ARUBA WAY, C-4  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D  
Name: GREEN, TAMARA  
Address: 15024 MEADOWLAKE STREET  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: SCROGGIE, ANN  
Address: 2100 SW 79TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

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: MYLINDA BUTTERWORTH

P

10/10/2011

Electronic Signature of Signing Officer or Director

Date