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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45529

(7)

1. Corporation Name

MIAMI STORYTELLERS GUILD, INC.



Principal Place of Business

Mailing Address

**5101 SW 65TH AVE
MIAMI FL 33155**

**5101 SW 65TH AVE
MIAMI FL 33155**

3. Date Incorporated or Qualified

10/07/1991

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPITZER, LINDA
5101 SW 65 AVE
MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **SPITZER, LINDA**
STREET ADDRESS **5101 SW 65TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☐ DELETE
NAME **AYVAR, CARRIE S.**
STREET ADDRESS **1929 NE 173RD ST**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **DST** ☐ DELETE
NAME **GREENE, JIM**
STREET ADDRESS **10011 SW 13 TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **LIPINSKY, HELAINE**
STREET ADDRESS **4850 RONDA ST**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE
NAME **DOUGLASS, ROSA**
STREET ADDRESS **12208 SW 119TH TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **John Pfeiffer**
STREET ADDRESS **9450 SW 77th Ave Q-2**
CITY-ST-ZIP **MIAMI, FL 33155**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda Spitzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA Spitzer

3/1/96
Date

Daytime Phone #

CR2E037 (12/95)