

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 04 1997 8:00am
Secretary of State

DOCUMENT # N45529
1. Corporation Name

MIAMI STORYTELLERS GUILD, INC.

Principal Place of Business

Mailing Address

5101 SW 65 AVE

5101 SW 65 AVE

MIAMI FL 33155

MIAMI, FL 33155

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/07/1991

3a. Date of Last Report

3/1/96

4. FEI Number

65-0289262

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Signatures: typed or printed name of registered agent and title # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME SPITZER, LINDA
STREET ADDRESS 5101 SW 65th AVE
CITY- ST- ZIP MIAMI, FL 33155

TITLE DV ☐ DELETE

NAME GAIL, JUDY
STREET ADDRESS 13411 SW 112 LANE
CITY- ST- ZIP MIAMI, FL 33186

TITLE DV ☐ DELETE

NAME GREGORY, TIM
STREET ADDRESS 460 NE 90th ST
CITY- ST- ZIP MIAMI, FL 33138

TITLE DST ☐ DELETE

NAME PIPKIN-GALDO, LILLIAN
STREET ADDRESS 6770 NW WATERWAY DR
CITY- ST- ZIP MIAMI, FL 33155

TITLE D ☐ DELETE

NAME LOWENSTEIN, PAT
STREET ADDRESS 2100 SALZEDO BLVD SUITE 803
CITY- ST- ZIP CORAL GABLES, FL 33134

TITLE D ☐ DELETE

NAME DOUGLASS, ROSA
STREET ADDRESS 12208 SW 119 TERR
CITY- ST- ZIP MIAMI, FL 33186

1.1 TITLE PFEIFFER, JOHN ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9450 SW 77 AVE Apt. Q-2
1.4 CITY- ST- ZIP MIAMI, FL 33156

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

LINDA SPITZER

Date

2/23/97

Daytime Phone #

305-665-8429

CR2E037 (9/96)