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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45529

1. Corporation Name

MIAMI STORYTELLERS GUILD, INC.

Principal Place of Business

5101 SW 65TH AVE
MIAMI FL 33155

Mailing Address

5101 SW 65TH AVE
MIAMI FL 33155



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/07/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0289262

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

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

Linda Spitzer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PFEIFFER, JOHN
STREET ADDRESS 9450 SW 77 AVE APT. Q-2
CITY-ST-ZIP MIAMI FL 33156

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

GREGORY, JIM
960 NE 90TH ST
MIAMI, FL 33138

☐ Change ☒ Addition

TITLE P
NAME GREGORY, PAT
STREET ADDRESS 960 NE 90TH ST
CITY-ST-ZIP MIAMI FL 33138

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

LINDA SPITZER
5101 SW 65 AVE
MIAMI, FL 33155

☐ Change ☒ Addition

TITLE S
NAME ALSPAUGH, H
STREET ADDRESS 9935 SW 196TH ST
CITY-ST-ZIP MIAMI FL 33157

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

TITLE D
NAME PIPKIN, G L
STREET ADDRESS 6770 N WATERWAY DR
CITY-ST-ZIP MIAMI FL 33155

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

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Linda Spitzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LINDA SPITZER

4/8/99

305-665-

8429

CR2E037 (1/98)