

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90335 043 ****61.25

DOCUMENT # N45529 Entity 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 5801 MARIUS ST Suite, Apt. #, etc.		3. Mailing Address 5801 MARIUS ST Suite, Apt. #, etc.																								
City & State CORAL GABLES, FL Zip 33146 Country USA		City & State CORAL GABLES, FL Zip 33146 Country USA																								
4. FEI Number 65-0289262		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">☐ Not Applicable</td> </tr> </table>		Applied For	☐ Not Applicable																					
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04052004 Chg-NP CR2E037 (10/03)																								
6. Name and Address of Current Registered Agent SPITZER, LINDA 5101 SW 65 AVE MIAMI, FL 33155		7. Name and Address of New Registered Agent Name LOUISE GRAMLING Street Address (P.O. Box Number is Not Acceptable) 5801 MARIUS ST City CORAL GABLES FL Zip Code 33146																								
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Louise Gramling</i> 4/05/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																										
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																								
Make check payable to Florida Department of State																										
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																										
SIGNATURE: <i>Louise Gramling</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/5/04 305-662-1397 Date Daytime Phone #																								