

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45529

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: MIAMI STORYTELLERS GUILD, INC.

## Current Principal Place of Business:

5801 MARIUS STREET  
CORAL GABLES, FL 33146

## New Principal Place of Business:

## Current Mailing Address:

5801 MARIUS STREET  
CORAL GABLES, FL 33146

## New Mailing Address:

FEI Number: 65-0289262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAMLING, LOUISE  
5801 MARIUS STREET  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GREGORY, JIM  
Address: 960 NE 90TH STREET  
City-St-Zip: MIAMI, FL 33138

Title: VP ( ) Delete  
Name: GATHERCOLE, KATHI  
Address: 12530 SW 96TH STREET  
City-St-Zip: MIAMI, FL 33186

Title: S/T ( ) Delete  
Name: GRAMLING, LOUISE  
Address: 5801 MARIUS STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: GREGORY, PATRICIA  
Address: 960 NE 90TH STREET  
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete  
Name: COLE, NICHOLAS  
Address: 210 NE 48TH TERRACE  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: GORMAN, JOHN  
Address: 365 NE 125TH STREET #406  
City-St-Zip: MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GREGORY, JIM  
Address: 13600 NW 1ST AVENUE  
City-St-Zip: MIAMI, FL 33168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GREGORY, PATRICIA  
Address: 13600 NW 1ST AVENUE  
City-St-Zip: MIAMI, FL 33168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOUISE GRAMLING

S/T

04/28/2006

Electronic Signature of Signing Officer or Director

Date