

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000000640 (2)**
1. Corporation Name

TALE TELLERS OF ST. AUGUSTINE, INC.



Principal Place of Business: **254 VENETIAN BLVD ST AUGUSTINE FL 32095**
Mailing Address: **P.O. BOX 3842 ST. AUGUSTINE FL 32095 US**

3. Date Incorporated or Qualified: **02/08/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 151 Santa Monica Ave.**
2a. Mailing Address: **26 P.O. Box 1701**

4. FEI Number: **65-0488736**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 ST. Augustine, FL**
City & State: **28 St. Augustine, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 32084** Country: **25 USA**
Zip: **29 32085** Country: **30 USA**

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

8. Name and Address of Current Registered Agent:
**RODRIGUES, SANDRA
254 VENETIAN BLVD
ST AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent:
81 Name: **Rooks, Diane**
82 Street Address (P.O. Box Number is Not Acceptable): **151 Santa Monica Ave**
83
84 City: **St. Augustine** FL 85 Zip Code: **32084**

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: **Diane Rooks, TD** *Diane Rooks* **Apr. 28, 1996**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUES, SANDRA	
STREET ADDRESS	254 VENETIAN BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRYCE, SHIRLEY	
STREET ADDRESS	145 CR 13 SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROOKS, DIANE	
STREET ADDRESS	151 SANTA MONICA AVENUE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KALER-REYNOLDS, MARGARET	
STREET ADDRESS	16 GARNETT AVENUE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thelan, Nancy	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sims, Jane	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Diane Rooks, TD** *Diane Rooks* **April 28, 1996** **904 829-1754**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)