

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000640**
 1. Corporation Name
Tale Tellers of St. Augustine, Inc.

Principal Place of Business St. Augustine	Mailing Address 151 Santa Monica Ave St. Augustine, FL 32084
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 1993	3a. Date of Last Report 4-29-96
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0488736	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Diane Rooks, Treas.
151 Santa Monica Ave.
St. Augustine, FL 32084**

10. Name and Address of New Registered Agent
 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: *Diane L. Rooks* DATE: **4-22-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> DELETE
NAME	Nancy Thelan
STREET ADDRESS	2 Second Street
CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	V. Pres. <input type="checkbox"/> DELETE
NAME	Jane Sims
STREET ADDRESS	35 Fullerwood Dr.
CITY-ST-ZIP	St. Augustine, FL 32095
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Shirley Bryce
STREET ADDRESS	145 CR 13 South
CITY-ST-ZIP	St. Augustine, FL 32092
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Diane Rooks
STREET ADDRESS	151 Santa Monica Ave
CITY-ST-ZIP	St. Augustine, FL 32084
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	P D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nancy Thelan
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jane Sims
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S D Shirley Bryce
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T D Diane Rooks
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	300002197113
6.3 STREET ADDRESS	-06/02/97--01016--009
6.4 CITY-ST-ZIP	***61.25

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: *Diane L. Rooks, Treas.* DATE: **4-22-97** DAYTIME PHONE #: **904-829-1754**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)