


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N9400000640 (2)
1. Corporation Name
TALE TELLERS OF ST. AUGUSTINE, INC.



Principal Place of Business Mailing Address
151 SANTA MONICA AVE ST. AUGUSTINE FL 32084
151 SANTA MONICA AVE ST. AUGUSTINE FL 32084
US US

3. Date Incorporated or Qualified
02/08/1994

4. FEI Number Applied For
65-0488736 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 243 JOEY DR. 26 P.O. Box 1343
Suite, Apt. #, etc. Suite, Apt. #, etc.

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

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

22 City & State 27 City & State
23 ST. AUGUSTINE FL 28 ST. AUGUSTINE FL

7. Is this nonprofit corporation a homeowners association? Yes No

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

8. Name and Address of Current Registered Agent
ROOKS, DIANE
151 SANTA MONICA AVE
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
81 Name FRANCES LIPSON
82 Street Address (P.O. Box Number is Not Acceptable) 243 JOEY DRIVE
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 *Frances Lipson* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE April 28, 1998

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THELAN, NANCY	
STREET ADDRESS	2 SECOND STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SIMS, JANE	
STREET ADDRESS	35 FULLERWOOD DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	TD	<input checked="" 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	BRYCE, SHIRLEY	
STREET ADDRESS	145 CR 13 SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
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	PRESIDENT / DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANCES LIPSON	
1.3 STREET ADDRESS	243 JOEY DRIVE	
1.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
2.1 TITLE	VICE PRESIDENT / DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BETTY FELL	
2.3 STREET ADDRESS	216 TREASURG BEACH RD.	
2.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
3.1 TITLE	TREASURER / DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	G. I. "TERRY" MCCONNELL	
3.3 STREET ADDRESS	321 MINORCA AVE.	
3.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHIRLEY BRUCE	
4.3 STREET ADDRESS	145 C.R. 13 SOUTH	
4.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	000002585530	
5.4 CITY-ST-ZIP	-07/10/98--01082--003	
6.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

Frances Lipson April 28, 1998

CFR2E037 (10/97)