


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90147 036 \*\*\*\*70.00

9001607

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N94000000640**

1. Corporation Name

**TALE TELLERS OF ST. AUGUSTINE, INC.**

Principal Place of Business

243 JOEY DRIVE  
 ST AUGUSTINE FL 32084  
 US

Mailing Address

PO BOX 1343  
 ST. AUGUSTINE FL 32085



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	243 JOEY DRIVE	26	P.O. Box 1343	02/08/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0488736	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	ST. AUGUSTINE FL	28	ST. AUGUSTINE FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	32084	25	USA	29	32085
		30	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIPSON, FRANCES 243 JOEY DRIVE ST AUGUSTINE FL 32084				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 DATE: 4/12/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIPSON, FRANCES			1.2 NAME			
STREET ADDRESS	243 JOEY DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32084			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELL, BETTY			2.2 NAME			
STREET ADDRESS	216 TREASURE BEACH RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCONNELL, TERRY			3.2 NAME			
STREET ADDRESS	321 MINCORA AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRYCE, SHIRLEY			4.2 NAME			
STREET ADDRESS	145 CR 13 SOUTH			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32092			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Frances Lipson DATE: 4/12/99 904-464-3052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)