

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 06, 2005  
Secretary of State

DOCUMENT# N94000000640

Entity Name: TALE TELLERS OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

321 MINORCA AVE  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

660 POLO COURT  
ST. AUGUSTINE, FL 320867610 US

**Current Mailing Address:**

PO BOX 1343  
ST. AUGUSTINE, FL 32085

**New Mailing Address:**

FEI Number: 65-0488736      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

O'BRIEN, CAROL  
141 CAPTAINS POINTE CIRCLE  
SAINT AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

O'BRIEN, CAROL  
660 POLO COURT  
SAINT AUGUSTINE, FL 320867610 US

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: CAROL O'BRIEN

06/06/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAPPINGTON, SHARON  
Address: 5131 SHORE DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VD ( ) Delete  
Name: MCCONNELL, GLADYS I  
Address: 321 MINORCA AVE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TD ( ) Delete  
Name: O'BRIEN, CAROL  
Address: 141 CAPTAINS POINTE CIR.  
City-St-Zip: SAINT AUGUSTINE, FL 320867220

Title: SD ( ) Delete  
Name: BRYCE, SHIRLEY  
Address: 145 CR 13 SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FELL, BETTY  
Address: 216 TREASURE BEACH BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD (X) Change ( ) Addition  
Name: SAPPINGTON, SHARON I  
Address: 5131 SHORE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: TD (X) Change ( ) Addition  
Name: O'BRIEN, CAROL  
Address: 660 POLO COURT  
City-St-Zip: SAINT AUGUSTINE, FL 320867610

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 Section 119.07(3)(i), 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: CAROL O'BRIEN

TD

06/06/2005

Electronic Signature of Signing Officer or Director

Date