

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000640

FILED
Jun 07, 2009
Secretary of State

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

Current Principal Place of Business:

660 POLO COURT
ST. AUGUSTINE, FL 320867610 US

New Principal Place of Business:

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:

JOHNSON, CAROL F
660 POLO COURT
SAINT AUGUSTINE, FL 320867610 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: VD () Delete
Name: SWEET, MARY LEE I
Address: 30 MEDFORD DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: TD () Delete
Name: JOHNSON, CAROL F
Address: 660 POLO COURT
City-St-Zip: SAINT AUGUSTINE, FL 320867610

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MCCONNELL, TERRI I
Address: 321 MINORCA AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 320803814

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 JOHNSON

TD

06/07/2009

Electronic Signature of Signing Officer or Director

_____ Date