

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000640

**FILED**  
**Feb 20, 2010**  
**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 ( )**

**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  
Name: STEPHENS, DONNA AND BOB  
Address: 1093 A1A BEACH BLVD #178  
City-St-Zip: SAINT AUGUSTINE, FL 320806733

Title: VD  
Name: CHRIS, KASTLE I  
Address: 37205 HARBOUR VISTA CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

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

I hereby 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 all other like empowered.

SIGNATURE: CAROL JOHNSON

TD

02/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date