

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 13, 2012
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: KALER, MARGARET
Address: 16 GARNETT AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP
Name: SABATO, JOYCE
Address: 664 BATTERSEA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 320958432

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

Title: SD
Name: HUDSON, TWILA
Address: 153 ML KING AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

01/13/2012

Electronic Signature of Signing Officer or Director

Date