

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90013 017 ****61.25

DOCUMENT # N95000005057

1. Entity Name

SANDCASTLE STORYTELLERS, INC.



Principal Place of Business

**210 WEST FERN DRIVE
ORANGE CITY FL 32762**

Mailing Address

**210 WEST FERN DRIVE
ORANGE CITY FL 32763
US**

54021915



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3366344

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENTER, JEANNE
210 WEST FERN DRIVE
ORANGE CITY FL 32762**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeanne Menter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **GIACHETTI, PETER**
STREET ADDRESS **PO BOX 184**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE **TD** ☐ Delete
NAME **MENTER, JEANNE**
STREET ADDRESS **210 W FERN DR**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **SD** ☐ Delete
NAME **DEER, TERRY**
STREET ADDRESS **1032 TOMPKINS DR**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **PD** ☒ Delete
NAME **DIKE, JACK**
STREET ADDRESS **1509 W WINNEMISSETTE AVE**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Lowell Moore**
STREET ADDRESS **2280 Hontoon Rd.**
CITY-ST-ZIP **Deland, FL 32720**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **H. Alson Adkins**
STREET ADDRESS **1315 Nadine Dr.**
CITY-ST-ZIP **Deltona, FL 32738**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeanne Menter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 386-775-4756

Date

Daytime Phone #