2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000005057

1. Entity Name
SANDCASTLE STORYTELLERS, INC.

Principal Place of Business	Mailing Address
210 WEST FERN DRIVE ORANGE CITY, FL 32762	210 WEST FERN DRIVE ORANGE CITY, FL 32763 US

01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3366344
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GIACHETTI, PETER
STREET ADDRESS	P OBOX 184
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	TD
NAME	MENTER, JEANNE
STREET ADDRESS	210 W FERN DR
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	SD
NAME	DEER, TERRY
STREET ADDRESS	1032 TOMPKINS DR
CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	P
NAME	GANT, RAYMOND
STREET ADDRESS	309 WHITE PL
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/08-80082-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Jeanne Menter Treas. Jan 21/08 1-386-775-6756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #