

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90019 045 ****61.25

DOCUMENT # N98000005725

1. Entity Name

STORYTELLERS OF CENTRAL FLORIDA, INC.



Principal Place of Business

118 HOLLYHOCK DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

118 HOLLYHOCK DRIVE
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANCEBO, RUTH ANN
445 STONEWOOD LANE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

T
NAME MOYZ, ROY R ☐ Delete
STREET ADDRESS 118 HOLLYHOCK DR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

D
NAME MANCEBO, ANN ☐ Delete
STREET ADDRESS 445 STONEWOOD LANE
CITY-ST-ZIP MAITLAND FL 32751

D
NAME SCHULTZ, ROBIN ☐ Delete
STREET ADDRESS 3531 WHALING HERON TERRACE
CITY-ST-ZIP OVIEDO FL 32766

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME MOYZ, ROY R. ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5 July 05

407-331-4034