FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40821** **(1)**

1. Corporation Name

YOUR STORY HOUR INC.

Principal Place of Business	Mailing Address
464 WEST FERRY, BOX 15 BERRIEN SPRINGS MI 49103	464 WEST FERRY, BOX 15 BERRIEN SPRINGS MI 49103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/06/1992**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **38-1549983** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GONZALEZ, DAVID
282 SHORT AVENUE, UNIT 7
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HILL, STANLEY J.	12 NAME	
STREET ADDRESS	9048 FOURTH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	BERRIEN SPRINGS MI 49103	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	PEZET, CAROL	22 NAME	
STREET ADDRESS	1407 E. LEMON CREEK	23 STREET ADDRESS	
CITY-ST-ZIP	BERRIEN SPRINGS MI	24 CITY-ST-ZIP	
TITLE	~~T~~	31 TITLE	T ☒ Change ☐ Addition
NAME	~~HAMR, MARJORIE~~	32 NAME	RENTON, SUZANNE
STREET ADDRESS	~~432 MICHIGAN STREET~~	33 STREET ADDRESS	4936 RIVERSIDE
CITY-ST-ZIP	~~BERRIEN SPRINGS MI~~	34 CITY-ST-ZIP	BERRIEN SPRINGS, MI 49103
TITLE	CD	41 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, WALTER	42 NAME	
STREET ADDRESS	7180 N. YORK	43 STREET ADDRESS	
CITY-ST-ZIP	HINSDALE IL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	CANGELOSI, LARRY	52 NAME	
STREET ADDRESS	2591 RIDGEWOOD	53 STREET ADDRESS	
CITY-ST-ZIP	BERRIEN SPRINGS MI	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CHAU-MASTRAPA, SELMA	62 NAME	
STREET ADDRESS	4513 POWDER MILL ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	BELTSVILLE MD	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Larry Cangelosi LARRY CANGELOSI ✓ 4/28/95 ✓616-471-3701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A134