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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**10/06/1992**

4. FEI Number

**38-1549983**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, DAVID  
POST OFFICE BOX 21  
7812 ROSE AVENUE  
ORLANDO FL 32810**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** **DIRECTOR** ☐ DELETE  
NAME **KANTOR, ANNE**  
STREET ADDRESS **241 KNOTT ROAD**  
CITY-ST-ZIP **NILES MI**

TITLE **T** **DIRECTOR** ☐ DELETE  
NAME **RENTON, SUZANNE**  
STREET ADDRESS **4938 RIVERSIDE**  
CITY-ST-ZIP **BERRIEN SPRINGS MI**

TITLE **CD** **DIRECTOR** ☐ DELETE  
NAME **THOMPSON, WALTER**  
STREET ADDRESS **7180 N. YORK**  
CITY-ST-ZIP **HINDSDALE IL**

TITLE **P** ☒ DELETE  
NAME **CANGELOSI, LARRY**  
STREET ADDRESS **2591 RIDGEWOOD**  
CITY-ST-ZIP **BERRIEN SPRINGS MI**

TITLE **EVPD** **DIRECTOR** ☐ DELETE  
NAME **TRUMBO, ELAINE**  
STREET ADDRESS **TMM-BOX 105**  
CITY-ST-ZIP **BERRIEN SPRINGS MI 49103**

TITLE **MB** **DIRECTOR** ☐ DELETE  
NAME **LITTLE, III, ROBERT**  
STREET ADDRESS **4849 E. HILLCREST**  
CITY-ST-ZIP **BERRIEN SPRINGS MI 49103**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **DR MINERVA STRAMAN**  
4.3 STREET ADDRESS **8870 George St.**  
4.4 CITY-ST-ZIP **Berrien Springs MI 49103**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **PRESIDENT TRUMBO, ELAINE**  
5.3 STREET ADDRESS **TMM-BOX 105**  
5.4 CITY-ST-ZIP **BERRIEN SPRINGS MI 49103**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

*Suzanne G. Renton*

*SUZANNE G. RENTON*

*TREASURER*

*12398*

*(614)*

*471-3701*

CR2E037 (10/97)