

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

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90010 012 ****61.25

DOCUMENT # P40821

1. Entity Name

YOUR STORY HOUR INC.



Principal Place of Business

464 WEST FERRY, BOX 15
BERRIEN SPRINGS MI 49103

Mailing Address

464 WEST FERRY, BOX 15
BERRIEN SPRINGS MI 49103

34017300



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
38-1549983

Applied For
Not Applicable

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

GONZALEZ, DAVID
POST OFFICE BOX 21
1655 E SEMORAN
APOPKA FL 32810

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE BMD
NAME METCALF, TED
STREET ADDRESS RT 2 BOX 156
CITY-ST-ZIP FLETCHER NC 28732 ☐ Delete

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

TITLE TS
NAME SUZANNE, RENTON
STREET ADDRESS 4936 RIVERSIDE TRAIL
CITY-ST-ZIP BERRIEN SPRINGS MI 49103 ☐ Delete

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

TITLE CD
NAME THOMPSON, WALTER
STREET ADDRESS 40 SOUTH CLAY, SUITE 217
CITY-ST-ZIP HINDSDALE IL 60521 ☐ Delete

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

TITLE BM
NAME SHAFER, EDWIN
STREET ADDRESS 10804 E BRAINERD RD
CITY-ST-ZIP APOSON TN 37302 ☐ Delete

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

TITLE VP
NAME TRUMBO-ROBERTS, ELAINE
STREET ADDRESS TMM-BOX 105
CITY-ST-ZIP BERRIEN SPRINGS MI 49103 ☐ Delete

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

TITLE PD
NAME HORNE, FRANKLIN E.
STREET ADDRESS 9425 W. JACKSON RD.
CITY-ST-ZIP ELWELL MI 48832 ☐ Delete

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

Horne, Franklin E. President ☒ Change ☐ Addition
9007 Lake Road
Berrien Center MI 49102

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 #

Suzanne G. Renton
Treasurer

2-12-04 264-4711-3701