

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90034 026 ****70.00

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**

50007926



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
38-1549983

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BM
SHAFFER, EDWIN
10804 E BRAINERD RD
APISON, TN 37302** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Bob Little
4849 East Hillcrest
Berrien Springs MI 49103**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HORNE, FRANKLIN E
9007 LAKE ROAD
BERRIEN CENTER, MI 49102** ☐ Delete

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

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:

Suzanne G. Renton **Suzanne G. Renton** *Treasurer* **1-25-04** **491-3701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #