## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000640

Entity Name: TALE TELLERS OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:** 

37205 HARBOUR VISTA CIRCLE SAINT AUGUSTINE. FL 32080

**Current Mailing Address:** 

P.O. BOX 6

SAINT AUGUSTINE. FL 32085-0006 US

FEI Number: 65-0488736 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RABIEGA, CHRISTINE 37205 HARBOUR VISTA CIRCLE SAINT AUGUSTINE, FL 32080 US

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.

SIGNATURE: CHRISTINE RABIEGA 02/07/2024

> Date Electronic Signature of Registered Agent

**FILED** Feb 07, 2024

**Secretary of State** 

0220810908CC

Date

Officer/Director Detail:

Title **TREASURER** Title **VP PUBLICITY** RABIEGA, CHRISTINE M Name O'HARA, SALLIE Name 37205 HARBOUR VISTA CIRCLE Address P.O. BOX 6 Address

City-State-Zip: SAINT AUGUSTINE FL 32085-0006 SAINT AUGUSTINE FL 32080 City-State-Zip:

Title **PRESIDENT** Title VΡ Name KNIERY, KATHY Name KAHLER, MARGARET Address 114 EAGLE NEST CT Address 252 MENECAL AVE

City-State-Zip: EAST PALATKA FL 32131 City-State-Zip: ST AUGUSTINE FL 32084

Title **SECRETARY** WELLER, DEBRA Name Address 510 LOS CAMINOS ST

City-State-Zip: ST. AUGUSTINE FL 32095-7448

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

02/07/2024 SIGNATURE: CHRISTINE M RABIEGA **TREASURER** 

Electronic Signature of Signing Officer/Director Detail