

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000640

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

Current Principal Place of Business:

660 POLO COURT
ST. AUGUSTINE, FL 32086-7610

Current Mailing Address:

PO BOX 1343
ST. AUGUSTINE, FL 32085

FEI Number: 65-0488736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, CAROL F
660 POLO COURT
SAINT AUGUSTINE, FL 32086-7610 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name SABATO, JOYCE
Address 664 BATTERSEA DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32095-8432

Title VP
Name HARRIS, MARY JANE
Address 78 FARRAGUT DRIVE
City-State-Zip: PALM COAST FL 32137

Title TD
Name JOHNSON, CAROL F
Address 660 POLO COURT
City-State-Zip: SAINT AUGUSTINE FL 32086-7610

Title SD
Name SAPPINGTON, SHARON
Address 5131 SHORE DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32086

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.

SIGNATURE: CAROL JOHNSON

TREASURER

02/02/2015

Electronic Signature of Signing Officer/Director Detail

Date