

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000640

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

Current Principal Place of Business:

114 EAGLE NEST CT
EAST PALATKA, FL 32131

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:

KNIERY, KATHRYN A
114 EAGLE NEST CT
EAST PALATKA, FL 32131 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: KATHRYN A KNIERY

02/19/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name O'HARA, SALLIE
Address PO BOX 6
City-State-Zip: ST AUGUSTINE FL 32085

Title VP
Name FUSSELL, DAVID C
Address 114 EAGLE NEST CT
City-State-Zip: EAST PALATKA FL 32131

Title TREASURER
Name KNIERY, KATHRYN A
Address 114 EAGLE NEST CT
City-State-Zip: EAST PALATKA FL 32131

Title SECRETARY
Name KASTLE, CHRIS
Address 37205 HARBOUR VISTA CIRCLE
City-State-Zip: SAINT AUGUSTINE FL 32084

Title VP
Name SIMS, JANE
Address 126 LAKE OF THE WOODS #204
City-State-Zip: JACKSONVILLE FL 32259

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: KATHRYN A KNIERY

TREASURER

02/19/2018

Electronic Signature of Signing Officer/Director Detail

Date