**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 15, 2015**
**Secretary of State**
**CC5815492705**

DOCUMENT# N95000005057

**Entity Name:** SANDCASTLE STORYTELLERS, INC.

**Current Principal Place of Business:**

3416 QUAIL DR
DELTONA, FL 32738

**Current Mailing Address:**

309 WHITE PLACE
PORT ORANGE, FL 32127 US

**FEI Number: 59-3366344**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GANT, CARMEN L
309 WHITE PLACE
PORT ORANGE, FL 32127 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 | PRES |
| Name | ADKINS, HERMAN A |
| Address | 1315 NADINE DR. |
| City-State-Zip: | DELTONA FL 32738 |

| | |
|---|---|
| Title | TREA |
| Name | GANT, CARMEN L |
| Address | 309 WHITE PLACE |
| City-State-Zip: | PORT ORANGE FL 32127 |

| | |
|---|---|
| Title | EXEC |
| Name | GIACHETTI, SHERRIL |
| Address | P.O. BOX 184 |
| City-State-Zip: | LAKE HELEN FL 32744 |

| | |
|---|---|
| Title | SECY |
| Name | HARRISS, DEBRA |
| Address | 403 N HIGH ST. |
| City-State-Zip: | DELAND FL 32721 |

| | |
|---|---|
| Title | HIST |
| Name | GANT, RAYMOND O |
| Address | 309 WHITE PLACE |
| City-State-Zip: | PORT ORANGE FL 32127 |

| | |
|---|---|
| Title | VP |
| Name | DON, TORREY |
| Address | 120 SOUTH LAKE DR APT 101C |
| City-State-Zip: | ORANGE CITY FL 32763 |

*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: CARMEN L. GANT TREASURER 04/15/2015

Electronic Signature of Signing Officer/Director Detail — Date