

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005057

Entity Name: SANDCASTLE STORYTELLERS, INC.**Current Principal Place of Business:**309 WHITE PLACE
PORT ORANGE, FL 32127**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	GANT, RAYMOND O
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	HIST
Name	ADKINS, ALSON
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	SECY
Name	DEER, TERRY
Address	2239 RIVER RIDGE DR.
City-State-Zip:	DELAND FL 32701

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**TRESURER****04/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date