


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90115 013 \*\*\*\*61.25

**DOCUMENT # N03000003685**

1. Entity Name  
**FLORIDA STATE FIDDLERS ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 713  
 MICANOPY, FL 32667**

Mailing Address  
**P.O. BOX 713  
 MICANOPY, FL 32667**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01172006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent  
**STAPLETON, SUZANNE  
 7217 N.W. 152ND PLACE  
 ALACHUA, FL 32615**

7. Name and Address of New Registered Agent  
 Name **TOM STALEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**104 EESTADLKEE STREET**  
 City **MICANOPY** FL Zip Code **32667**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Thomas H Staley President* DATE: 1/19/2006  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOLKER, BEN	
STREET ADDRESS	2107 NW 4TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32603	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STAPLETON, MICHAEL V	
STREET ADDRESS	7217 N.W. 152ND PLACE	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STAPLETON, SUZANNE C	
STREET ADDRESS	7217 N.W. 152ND PLACE	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAVEUX, LAUREN	
STREET ADDRESS	3249 ARDEN VILLAS BLVD #3	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM STALEY	
STREET ADDRESS	104 EESTADLKEE STREET	
CITY-ST-ZIP	MICANOPY - FL - 32667	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRY BLECH	
STREET ADDRESS	211 NW 19th Lane	
CITY-ST-ZIP	GAINESVILLE - FL - 32609	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM HOSAN	
STREET ADDRESS	459 SE 57th CT RD	
CITY-ST-ZIP	TRENTON - FL - 32693	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATE TALUGA	
STREET ADDRESS	200 La Camillia	
CITY-ST-ZIP	QUINCY, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with all other like entries.

SIGNATURE: *Thomas H Staley President* DATE: 1/19/2006 DAYTIME PHONE #: 352 466 3801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR