

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000620

FILED
Apr 16, 2008
Secretary of State

Entity Name: THE ARTIST SERIES OF TALLAHASSEE, INC.

Current Principal Place of Business:

1345 THOMASVILLE RD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1345 THOMASVILLE RD
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-3299905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPURGEON, PHILLIP A
1345 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPURGEON, PHILLIP A
Address: 2320 KARA DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD () Delete
Name: ANDERSON, WALDIE
Address: 3321 DARTMOOR DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD () Delete
Name: BLANCETT, JUDY
Address: 3142 N. SHANNON LAKES DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: NAVON, LILY
Address: 3138 FERNS GLEN DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILLIP A. SPURGEON

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date