

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 708944

1. Entity Name
TALLAHASSEE MUSIC GUILD, INC.



Principal Place of Business
1216 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

Mailing Address
1216 WAVERLY ROAD
TALLAHASSEE, FL 32312 US



04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7348137

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND, MARY
1216 WAVERLY ROAD
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HARLAN, HARRLET
STREET ADDRESS 909 PINE ST
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VPD
NAME WEST, JOAN
STREET ADDRESS 2808 RABBIT HILL ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE T
NAME TOWNSEND, MARY D
STREET ADDRESS 1216 WAVERLY RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE S
NAME POLLACK, DORIS
STREET ADDRESS 3465 CEDAR LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VP
NAME KING, JACK
STREET ADDRESS 405 NOTTINGHAM CT
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000532647
05/06/06-80094-009 61.25

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IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06 850-422-0456