

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED


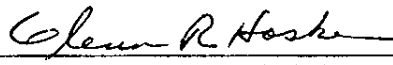
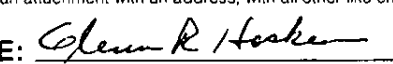
2006 OCT 23 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/11/06--01038--014 **35.00



10122006 Chg-NP CR2E037 (4/06)

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	
2. Principal Place of Business 3249 BALDWIN DR. W.		3. Mailing Address ← SAME AS # 2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL.		City & State	
Zip 32309	Country US	Zip	Country
4. FEI Number 23-7348137		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOWNSEND, MARY 1216 WAVERLY ROAD TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name GLENN R. HOSKEN Street Address (P.O. Box Number is Not Acceptable) 3249 BALDWIN DR. WEST City TALLAHASSEE FL Zip Code 32309	
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 		DATE 10-17-06	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARLAN, HARRLET 909 PINE ST TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D BEVERLY LOCKE - EWALD 4060 KILMARTIN DR. TALLAHASSEE, FL. 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEST, JOAN 2808 RABBIT HILL ROAD TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D ROBERTA RHODES 6312 MALLARD TRACE TALLAHASSEE, FL. 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOWNSEND, MARY D 1216 WAVERLY RD TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D SHERRON FLAGG 2709 BAUM ROAD TALLAHASSEE, FL 32317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLLACK, DORIS 3465 CEDAR LANE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D 000081400300 10/31/06--01079--020 **25.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, JACK 405 NOTTINGHAM CT TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D ELIZABETH LAMB 409 MERIDIAN RIDE TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D GLENN R. HOSKEN 3249 BALDWIN DR. WEST TALLAHASSEE, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		GLENN R. HOSKEN 10-17-06 (850)488-4782	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

10(30a)