

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708944

FILED
Mar 19, 2009
Secretary of State

Entity Name: TALLAHASSEE MUSIC GUILD, INC.

Current Principal Place of Business:

3249 BALDWIN DR. W.
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

3249 BALDWIN DR. W.
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 23-7348137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSKEN, GLENN R
3249 BALDWIN DR. W.
TALLAHASSEE, FL 32309 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: FLAGG, SHERON
Address: 2709 BAUM ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD () Delete
Name: CAROTHERS, MARY LOU
Address: 706 WAVERLY ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD () Delete
Name: STUART, DIANE
Address: 3268 GARCIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD () Delete
Name: POLLOCK, DORIS
Address: 3465 CEDAR LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD () Delete
Name: LAMB, ELIZABETH
Address: 409 MERIDIAN RIDE
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD () Delete
Name: HOSKEN, GLENN R
Address: 3249 BALDWIN DR. WEST
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POLLOCK, DORIS
Address: 3465 CEDAR LANE
City-St-Zip: TALLAHASSEE, FL 32312

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

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

Title: VPD (X) Change () Addition
Name: STASKIEWS, SARA
Address: 860 MADEIRA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

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: GLENN R. HOSKEN

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date