



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90308 012 ****61.25

DOCUMENT # N03000008901 1. Entity Name ORLANDO ACOUSTIC GUITAR SOCIETY, INC.					
Principal Place of Business 3508 MANITON DRIVE ORLANDO, FL 32839				Mailing Address 3508 MANITON DRIVE ORLANDO, FL 32839	
2. Principal Place of Business 3402 MANITOU DRIVE Suite, Apt. #, etc. ORLANDO # City & State FL Zip 32839 Country U.S.A.		3. Mailing Address 3402 MANITOU DRIVE Suite, Apt. #, etc. ORLANDO City & State FL Zip 32839 Country U.S.A.			
04042005 Chg-NP CR2E037 (10/03)				4. FEI Number 20-0362708	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BECKER, WILLARD 3508 MANITON DRIVE ORLANDO, FL 32839			7. Name and Address of New Registered Agent Name BECKER, WILLARD Street Address (P.O. Box Number is Not Acceptable) 3402 MANITOU DR. (ADDRESS CHANGE) City ORLANDO FL Zip Code 32839		
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 <u><i>Willard Becker</i></u> DATE 4-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PSTD BECKER, WILLARD 3508 MANITON DRIVE ORLANDO, FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3402 MANITOU DR. ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (ADDRESS)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINEGAR, CRAIG A 250 PARK AVE S 5TH FL WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWELL, THOMAS E 1938 MAPLE LEAF DR WINDERMERE, FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, JIM 9827 PEDDLERS WAY ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM L. WHITACRE 730 MOJAVE TRAIL MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER-TREWICK, SUSAN 9525 HANDLEY COURT ORLANDO, FL 328172779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMMY CALTON 10019 CREEKWATER RD. ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, RON 5607 DEEPPDALE DR ORLANDO, FL 328212779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS HORN 357 AMETHYST CT. LAKE MARY, FL 32747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Willard Becker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-14-05 Daytime Phone # 407-835-9867		