

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008901

1. Entity Name

ORLANDO ACOUSTIC GUITAR SOCIETY, INC.



Principal Place of Business

3402 MANITOU DRIVE
ORLANDO, FL 32839

Mailing Address

3402 MANITOU DRIVE
ORLANDO, FL 32839

DO NOT WRITE IN THIS SPACE



04152006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

20-0362708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER, WILLARD
3402 MANITOU DRIVE
ORLANDO, FL 32839

**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	PSTD
NAME	BECKER, WILLARD
STREET ADDRESS	3402 MANITOU DRIVE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	VD
NAME	MINEGAR, CRAIG A
STREET ADDRESS	250 PARK AVE S 5TH FL
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VD
NAME	POWELL, THOMAS E
STREET ADDRESS	1938 MAPLE LEAF DR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	WHITACRE, WILLIAM L.
STREET ADDRESS	730 MOJAVE TRAIL
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	CALTON, TOMMY
STREET ADDRESS	10019 CREEKWATER ROAD
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D
NAME	HORN, DENNIS
STREET ADDRESS	357 AMETHYST CT
CITY-ST-ZIP	LAKE MARY, FL 32747

110000050550
05/02/06-80100-014 61.25

**DO NOT WRITE
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 #

4-15-06 407-835-9867