


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90022 037 \*\*\*\*70.00

<b>DOCUMENT #</b> N05000006963	
1. Entity Name <b>THE BOYS' CHOIR OF TALLAHASSEE, INC.</b>	

Principal Place of Business 715 WEST GAINES STREET TALLAHASSEE, FL 32304 US	Mailing Address 715 WEST GAINES STREET TALLAHASSEE, FL 32304 US
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50022714

2. Principal Place of Business <b>715 W. Gaines</b>	3. Mailing Address <b>PO Box 1182</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tallahassee FL</b>	City & State <b>Tallahassee FL</b>
Zip <b>32304</b>	Zip <b>32302-1182</b>
Country <b>USA</b>	Country <b>USA</b>



06162006 Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-3478334</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MCNEELY, ROB 2898 MAHAN DRIVE SUITE 6 TALLAHASSEE, FL 32308</b>	7. Name and Address of New Registered Agent Name <b>Lee Earle Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>255 Starmont Dr</b> City <b>Tallahassee</b> FL <b>32303</b>
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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 *Earle Lee Jr.* **Earle Lee Jr.** 07-18-2006  
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP <b>LEE, EARLE JR.</b> <b>2500 UNIVERSITY CENTER, BUILDING C</b> <b>TALLAHASSEE, FL 32304</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Crump, Benjamin</b> <b>Chairman</b> <b>240 N. Magnolia</b> <b>Tallahassee, FL 32301</b> <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	<b>Jones, Darryl</b> <b>Vice Chairman</b> <b>501 W. Orange Ave.</b> <b>Tallahassee, FL 32310</b> <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	<b>Toverson, Christine</b> <b>Treasurer</b> <b>9248 Buck Haven Trail</b> <b>Tallahassee, FL 32312</b> <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	<b>Aliyy, Akiba</b> <b>Director</b> <b>1509 Chinnapakin Nene</b> <b>Tallahassee, FL 32301</b> <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	<b>Thyer, Bruce</b> <b>Director</b> <b>545 Willowbrook Lane</b> <b>Tallahassee, FL 32304</b> <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	<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:** *Benjamin Crump* **Benjamin Crump** 07-18-2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #