


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90032 004 \*\*\*\*61.25

<b>DOCUMENT # N19399</b> 1. Entity Name <b>TALLAHASSEE PIPE BAND, INC.</b>					
Principal Place of Business <b>%JOHN W. LOVE 2809 ARMAGH CT. TALLAHASSEE, FL 32308</b>			Mailing Address <b>%JOHN W. LOVE 2809 ARMAGH CT. TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business <b>% Joe Ashcraft Suite, Apt. #, etc. 14126 Red Hawk Rd City &amp; State Tall. FL Zip 32312</b>		3. Mailing Address <b>% Joe Ashcraft Suite, Apt. #, etc. 14126 Red Hawk Rd City &amp; State Tall. FL Zip 32312</b>			
Country <b>Leon</b>		Country <b>Leon</b>		4. FEI Number <b>65-0042229</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LOVE, JOHN W. 2809 ARMAGH CT. TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name <b>Joe Ashcraft</b> Street Address (P.O. Box Number is Not Acceptable) <b>14126 Red Hawk Rd City Tall FL Zip Code 32312</b>		
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 <b>Joseph C. Ashcraft</b> DATE <b>4/3/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHCRAFT, JOE 2606 W MISSION RD TALLAHASSEE, FL	<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 LOVE, JOHN W. 2809 ARMAGH CT. TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Drum <del>Drum</del> Sargeant William K. Dewar 2359 Foxboro Way Tallahassee, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKDALE, MIKE 1824 JEAN AVE TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quartermaster John Sandstrom 3129 Shamrock East Tall. FL 32309 <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 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 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 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: <b>Joseph C. Ashcraft</b>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Joseph C. Ashcraft</b>		
Date <b>4/3/06</b>			Daytime Phone # <b>(850) 545-9723</b>		