

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

61.25 May
FILED

00 MAY 17 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24237

1. Corporation Name
TALLAHASSEE APPLE USER'S GROUP, INC.

Principal Place of Business
P O BOX 309
TALLAHASSEE FL 32302

Mailing Address
P O BOX 309
TALLAHASSEE FL 32302

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/06/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANCASTER, GARY
4355 SHERBORNE RD
TALLAHASSEE FL 32303

81 Name **Robert M. O'Leary - Bob**

82 Street Address (P.O. Box Number is Not Acceptable)

2311 Jim Lee Road

83

84 City **Tallahassee**

FL

85 Zip Code

32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert M. O'Leary

5-17-00

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME SCHREIBER, ALICE
STREET ADDRESS 414 EL DESTINADO
CITY-ST-ZIP TALLAHASSEE FL 32312

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

VD
NAME ZODY, CRAIG
STREET ADDRESS 1834 GINA LANE
CITY-ST-ZIP TALLAHASSEE FL 32303

P
1.2 NAME ABBOTT, MONA LISA
1.3 STREET ADDRESS 7576 Talley ANN DR.
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE ☐ DELETE

SD
NAME MEGARBEE, ANN
STREET ADDRESS 1316 WOODGATE WAY
CITY-ST-ZIP TALLAHASSEE FL 32312

VD
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME GARY KISSINGER
2.3 STREET ADDRESS 7642 MacLure Drive
2.4 CITY-ST-ZIP Tallahassee, FL

TITLE ☐ DELETE

T
NAME LANCASTER, GARY
STREET ADDRESS 4355 SHERBORNE RD
CITY-ST-ZIP TALLAHASSEE FL 32303

SD
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME 4318 Dorothy Drive
3.3 STREET ADDRESS Tallahassee, FL 32303
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

S
NAME BROWN, DIANE
STREET ADDRESS P O BOX 5154 N/A
CITY-ST-ZIP TALLAHASSEE FL 32314

T
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME GUNDERSEN, CHRIS
4.3 STREET ADDRESS 2750 PINE RIDGE RD
4.4 CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ DELETE

S
NAME BROWN, DIANE
STREET ADDRESS P O BOX 5154 N/A
CITY-ST-ZIP TALLAHASSEE FL 32314

S
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME MARGARET H DUGGAR
5.3 STREET ADDRESS 2069 DELLWOOD DRIVE
5.4 CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mona Lisa Abbott* MONA LISA ABBOTT 2-24-00 878-4064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #