

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24237

FILED
Feb 26, 2004
Secretary of State**Entity Name:** TALLAHASSEE APPLE USER'S GROUP, INC.**Current Principal Place of Business:**P O BOX 14442
TALLAHASSEE, FL 323174442**New Principal Place of Business:****Current Mailing Address:**P O BOX 14442
TALLAHASSEE, FL 323174442**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**O'LARY, ROBERT M
2311 JIM LEE ROAD
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DVP () Delete
Name: KISSINGER, GARY
Address: 9040 EAGLES RIDGE DR.
City-St-Zip: TALLAHASSEE, FL 32312Title: P/D () Delete
Name: YATES, CHARLES
Address: 1204 GARDENIA DR.
City-St-Zip: TALLAHASSEE, FL 32312Title: T/D () Delete
Name: MEGARGEE, ANN
Address: 524 TRUET DR
City-St-Zip: TALLAHASSEE, FL 32303Title: D () Delete
Name: OSBORN, LINNIE
Address: 1406 NANCY DR.
City-St-Zip: TALLAHASSEE, FL 32301Title: S/D () Delete
Name: KEATON, HELEN
Address: 4910 VERNON
City-St-Zip: TALLAHASSEE, FL 32311Title: D () Delete
Name: SHAW, LEEWOOD
Address: 2334 TINA DR
City-St-Zip: TALLAHASSEE, FL 32301**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DVP (X) Change () Addition
Name: KISSINGER, GARY
Address: 3200 HORSESHOE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312Title: D (X) Change () Addition
Name: YATES, CHARLES
Address: 1204 GARDENIA DR.
City-St-Zip: TALLAHASSEE, FL 32312Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: P/D (X) Change () Addition
Name: SHAW, LEEWOOD
Address: 2334 TINA DR
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MEGARGEE

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02/26/2004

Electronic Signature of Signing Officer or Director

Date

NICK PYTEL /DIRECTOR
5146 ILEDE FRANCE DR
TALLAHASSEE, FL 32308

BOB O'LARY /DIRECTOR
2311 JIM LEE RD
TALLAHASSEE, FL 32301

FLORA BENNETT /DIRECTOR
3147 OAK HAMMOCK LN
TALLAHASSEE, FL 32301