2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005
Secretary of State

DOCUMENT# N24237

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: D/VP ( ) Delete
Name: KISSINGER, GARY
Address: 3200 HORSESHOE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: YATES, CHARLES
Address: 1204 GARDENIA DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: T/D ( ) Delete
Name: MEGARGEE, ANN
Address: 524 TRUET DR
City-St-Zip: TALLAHASEE, FL 32303

Title: D ( ) Delete
Name: OSBORN, LINNIE
Address: 1406 NANCY DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: S/D ( ) Delete
Name: KEATON, HELEN
Address: 4910 VERNON
City-St-Zip: TALLAHASSEE, FL 32311

Title: P/D ( ) Delete
Name: SHAW, LEEWOOD
Address: 2334 TINA DR
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KISSINGER, GARY
Address: 3200 HORSESHOE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change ( ) Addition
Name: YATES, CHARLES
Address: 1111 WISTERIA DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 TREA 02/19/2005

Electronic Signature of Signing Officer or Director — Date