

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24237

FILED  
Jan 07, 2006  
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: D ( ) Delete  
Name: KISSINGER, GARY  
Address: 3200 HORSESHOE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

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

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

Title: D (X) 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: P (X) Change ( ) Addition  
Name: BENNETT, FLORA  
Address: 3147 OAK HAMMOCK LN  
City-St-Zip: TALLAHASSEE, FL 32301

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:

Title: VP/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 Chapter 119, 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

01/07/2006

Electronic Signature of Signing Officer or Director

Date