

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24237

FILED
Feb 03, 2007
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:

2311 JIM LEE ROAD
TALLAHASSEE, FL 32301

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: P () Delete
Name: BENNETT, FLORA
Address: 3147 OAK HAMMOCK LN
City-St-Zip: TALLAHASSEE, FL 32301

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (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: D (X) Change () Addition
Name: MEGARGEE, ANN
Address: 524 TRUET DR
City-St-Zip: TALLAHASSEE, FL 32303

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

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

Title: T/D () Change (X) Addition
Name: POLIUTO, VAL
Address: 3201 YORKTOWN DR
City-St-Zip: TALLAHASSEE, FL 32312

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: VAL POLIUTO

T

02/03/2007

Electronic Signature of Signing Officer or Director

Date