2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N31169

Entity Name: THE TALLAHASSEE COMMUNITY CHORUS, INC.

Current Principal Place of Business:

P O BOX 13083
TALLAHASSEE, FL 323173083 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 13083
TALLAHASSEE, FL 323173083 US

New Mailing Address:

FEI Number: 59-3019819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STINSON, DONNA H
215 SOUTH MONROE ST.
SUITE 400
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:	TD	( ) Delete
Name:	D'ANNUNZIO, BARBARA	
Address:	2994 GOLDEN EAGLE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	THOMAS, ANDRE	
Address:	3232 CONSTELLATION CT.	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	STINSON, DONNA H	
Address:	215 S. MONROE ST., STE. 400	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	PD	( ) Delete
Name:	RYAN, LANVE	
Address:	749 W ST AUGUSTINE STREET	
City-St-Zip:	TALLAHASSEE, FL 32304	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DONNA HOLSHOUSER STINSON D 04/17/2006

Electronic Signature of Signing Officer or Director — Date