

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000620

FILED
Apr 17, 2012
Secretary of State

Entity Name: THE ARTIST SERIES OF TALLAHASSEE, INC.

Current Principal Place of Business:

1897 CAPITAL CIRCLE NE
SUITE 204
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1897 CAPITAL CIRCLE NE
SUITE 204
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3299905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JAMES W DR.
1897 CAPITAL CIRCLE NE
SUITE 204
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MASCAGNI, MICHAEL DR.
1897 CAPITAL CIRCLE NE
SUITE 204
TALLAHASSEE, FL 32308 US

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: MICHAEL MASCAGNI, PH;D.

04/17/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MASCAGNI, MICHAEL DR.
Address: 4937 HIGHGROVE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD
Name: SPURGEON, PHILLIP
Address: 2320 KARA DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: TR
Name: BROWN, JAMES W DR.
Address: 3001 BYINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: SC
Name: GILMER, PENNY DR.
Address: 3235 ROBINHOOD RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: ED
Name: SOBODOWSKI, PAMELA M
Address: 1811 HOOT OWL HILL
City-St-Zip: TALLAHASSEE, FL 32317

I hereby 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 all other like empowered.

SIGNATURE: PAMELA SOBODOWSKI

ED

04/17/2012

Electronic Signature of Signing Officer or Director

Date