

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000004686

1. Entity Name
CLASSICAL GUITAR SOCIETY OF TALLAHASSEE, INC.



Principal Place of Business
326 MEADOW RIDGE DR.
TALLAHASSEE, FL 32312

Mailing Address
326 MEADOW RIDGE DR.
TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

FILED
Mar 28, 2005 8:00 A.M
Secretary of State



02112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3345412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATKINSON, TIMOTHY P
301 S BRONOUGH STREET 5TH FLOOR
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HOGE, DAVID
1833 HALSTEAD BLVD., #401
TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ATKINSON, TIMOTHY P
326 MEADOW RIDGE DR
TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SPAINHOUR, MYRON
5603 PEDRICK PLANTATION CIR.
TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLZMAN, BRUCE
4442 SWEETLEAF LANE
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EGGERS, JR., RICK
2208 EASTGATE WAY
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CLOSSON, RANDY
1781 RODEO DRIVE
TALLAHASSEE, FL 32311

100050645701
04/13/05--01006--009 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy P. Atkinson President Timothy P. ATKINSON

3/28/2005

850-
521-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #