2006 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



06 SEP 13 PH 4: 51

SECRETARY OF STATE TALLAHASSEE, FLOREDA



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09082006 No Chg-NP

CR2E037 (4/06)

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

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8.	The above named entity submits this statement for the purpose of changing its registered office o	r registered agent, or both, in the State of Florida. I am familiar with, and accept
	the obligations of registered agent.	
	Tilliants (ATV a at 1	9-13-2006
SIC	the obligations of registered agent.	1-17-0006

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 15, 2006 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL TITLE DP NAME ATKINSON, TIMOTHY P STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL
NAME ATKINSON, TIMOTHY P STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL
TIDE DO
NAME SPAINHOUR, MYRON STREET ADDRESS 5603 PEDRICK PLANTATION CIR. CITY-ST-ZIP TALLAHASSEE, FL
TITLE D NAME HOLZMAN, BRUCE STREET ADDRESS 4442 SWEETLEAF LANE CITY-ST-ZIP TALLAHASSEE, FL 32303
NAME EGGERS, JR., RICK STRET ADDRESS 2208 EASTGATE WAY CITY-ST-ZIP TALLAHASSEE, FL 32308
TITLE DT NAME CLOSSON, RANDY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 12. I hereby certify that the information symplied with this filing does not qualify for the experience.

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: