

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004940

FILED  
Aug 28, 2006  
Secretary of State

**Entity Name:** TALLAHASSEE HOME SCHOOL BAND, INC.

**Current Principal Place of Business:**

3437 CLIFDEN DR  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

3934 ROYAL OAKS DRIVE  
TALLAHASSEE, FL 32309 US

**Current Mailing Address:**

3437 CLIFDEN DR  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

3934 ROYAL OAKS DRIVE  
TALLAHASSEE, FL 32309 US

**FEI Number:** 59-3345351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MALONEY, TOM PRES.  
3437 CLIFDEN DR  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

FIORE, DAVE PRES.  
3934 ROYAL OAKS DRIVE  
TALLAHASSEE, FL 32309 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: DAVE FIORE

08/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MALONEY, TOM PRES.  
Address: 3437 CLIFDEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D ( ) Delete  
Name: MALONEY, ANNETTE V. PRES  
Address: 3437 CLIFDEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D (X) Delete  
Name: MCCLEERY, RACHEL TRES.  
Address: 257 LINTON PLACE  
City-St-Zip: MONTICELLO, FL 32344 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FIORE, DAVE PRES.  
Address: 3934 ROYAL OAKS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D (X) Change ( ) Addition  
Name: LAMB, ANN TREAS  
Address: 1002 MILDRED STREET  
City-St-Zip: BAINBRIDGE, GA 39817 US

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: DAVE FIORE

PRES

08/28/2006

Electronic Signature of Signing Officer or Director

Date