

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004940

FILED
Apr 05, 2009
Secretary of State

Entity Name: TALLAHASSEE HOME SCHOOL BAND, INC.

Current Principal Place of Business:

3934 ROYAL OAKS DRIVE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

209 NATURAL BRIDGE ROAD
MONTICELLO, FL 32344 US

Current Mailing Address:

3934 ROYAL OAKS DRIVE
TALLAHASSEE, FL 32309 US

New Mailing Address:

P.O. BOX 15814
TALLAHASSEE, FL 32317 US

FEI Number: 59-3345351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOHNSON, SUZANNE TRES
209 NATURAL BRIDGE ROAD
MONTICELLO, FL 32344 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: SUZANNE M JOHNSON

04/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: LAMM, ANN TREAS
Address: 1002 MILDRED STREET
City-St-Zip: BAINBRIDGE, GA 39817 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: JOHNSON, SUZANNE M
Address: 209 NATURAL BRIDGE ROAD
City-St-Zip: MONTICELLO, FL 32344 US

Title: PRES (X) Change () Addition
Name: GALIVAN, ANN
Address: 337 BEAVER LAKE ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE M JOHNSON

TREA

04/05/2009

Electronic Signature of Signing Officer or Director

Date