


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 711041 1. Entity Name APALACHEE CENTER, INC.	
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Principal Place of Business 2634-J CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	Mailing Address 2634J CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
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04142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1162148	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKLAND, RONALD P.
2634-J CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

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, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000530654
05/06/06-80006-009 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRKLAND, RONALD P
STREET ADDRESS	2634-J CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VP
NAME	GOSEN, CHRIS H
STREET ADDRESS	2634-J CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	S
NAME	CONVERTINO, JOHN W.
STREET ADDRESS	2634-J CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	FALK, HARRY J
STREET ADDRESS	2634-J CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	FLEET, EDWIN
STREET ADDRESS	2634-J CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	DAVIS, FORREST J
STREET ADDRESS	2634-J CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308

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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: Virginia H. Kelly Virginia H. Kelly 4/14/06 850-523-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #