


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 711041

1. Entity Name
 APALACHEE CENTER, INC.



Principal Place of Business
 2634-J CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308

Mailing Address
 2634J CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308



01232007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 59-1162148

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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] CHIEF EXECUTIVE OFFICER, PRESIDENT 1/26/07

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, 2007

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

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	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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [Signature] 1/26/07 (850) 823-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #