



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90190 029 ****70.00

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|--|--|--|---|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 4. FEI Number 59-1162148 | |
| Zip | | Zip | | 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 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | Applied For Not Applicable | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE _____ | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KIRKLAND, RONALD P 2634-J CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GOSEN, CHRIS H 2634-J CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP REEVE, JAY 2634-J CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FALK, HARRY J 2634-J CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLEET, EDWIN 2634-J CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, FORREST J 2634-J CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CONGER, SUE 2634-J CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KELLY, VIRGINIA H. 2634-J CAPITAL CIRCLE-NE TALLAHASSEE, FL 32308 |
| 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: <i>Virginia H. Kelly</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 2/25/08 <small>Date</small> | |
| _____ <small>Daytime Phone #</small> | | | | 850-523-3220 <small>Daytime Phone #</small> | |