

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 27, 2008
Secretary of State**

DOCUMENT# 711041

Entity Name: APALACHEE CENTER, INC.

Current Principal Place of Business:2634-J CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308**New Principal Place of Business:****Current Mailing Address:**2634J CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308**New Mailing Address:**

FEI Number: 59-1162148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:KIRKLAND, RONALD P.
2634-J CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**REEVE, JAY
2634-J CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 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: JAY REEVE

06/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: KIRKLAND, RONALD P
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308Title: VP () Delete
Name: REEVE, JAY
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308Title: D () Delete
Name: FALK, HARRY J
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308Title: D () Delete
Name: FLEET, EDWIN
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308Title: D () Delete
Name: DAVIS, FORREST J
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308Title: S () Delete
Name: CONGER, SUE
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: REEVE, JAY
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308Title: VP (X) Change () Addition
Name: KELLY, VIRGINIA H
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIRGINIA H. KELLY

VP

06/27/2008

Electronic Signature of Signing Officer or Director

Date