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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756629

1. Corporation Name
TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPLEYARD DRIVE TALLAHASSEE FL 32304-2895 US	C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPLEYARD DRIVE TALLAHASSEE FL 32304-2895 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 03/05/1981

4. FEI Number: 59-2091480 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TURNBULL, MARJORIE
TCC FOUNDATION
444 APPLEYARD DR, S227
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TURNBULL, MARJORIE		1.2 NAME		
STREET ADDRESS	444 APPLEYARD DR SUITE 227	ED	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32304-2895		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	PRESIDENT-ELECT	☐ Change ☒ Addition
NAME	GREEN, WILLIAM		2.2 NAME	SCHMELING, WINNIE	
STREET ADDRESS	123 S. CALHOUN STREET		2.3 STREET ADDRESS	2516 CHAMBERLAIN DRIVE	D
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	PED	DELETE	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CASSEDY, MARSHALL		3.2 NAME		
STREET ADDRESS	DE. FREY, INC., 2012-D N. POINT BLVD.	D	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP		
TITLE	PPD	☒ DELETE	4.1 TITLE	ROBERTS, GARY V	☐ Change ☒ Addition
NAME	MADIGAN, CASEY		4.2 NAME		
STREET ADDRESS	P.O. BOX 12998 N/A		4.3 STREET ADDRESS	106 E. COLLEGE AVE. SUITE 770	D
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	PD	DELETE	5.1 TITLE	PAST PRESIDENT	☒ Change ☐ Addition
NAME	D'ALEMBERTE, DICK		5.2 NAME		
STREET ADDRESS	P.O. BOX 66 N/A	D	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~TALLAHASSEE~~ FL 32324		5.4 CITY-ST-ZIP		
TITLE	Chattahoochee	☐ DELETE	6.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			6.2 NAME	CUMBIE, TOM	
STREET ADDRESS			6.3 STREET ADDRESS	404 LIVE OAK LANE	D
CITY-ST-ZIP			6.4 CITY-ST-ZIP	HAVANA, FLORIDA 32333	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marjorie Turnbull SIGNATURE REQUIRED MARJORIE TURNBULL 2-8-99 (850) 922-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #