# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 16, 2004 8:00 am**
**Secretary of State**
07-16-2004 90010 049 ****70.00

54062802

DOCUMENT # 756629

1. Entity Name
TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

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

07062004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TURNBULL, MARJORIE<br>TCC FOUNDATION<br>444 APPLEYARD DR, S227<br>TALLAHASSEE, FL 32304 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 Marjorie Turnbull Executive Director DATE 7/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 8, 2004**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>TURNBULL, MARJORIE<br>444 APPLEYARD DRIVE, #228<br>TALLAHASSEE, FL 323042895 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>Turnbull, Marjorie<br>444 Appleyard Drive<br>Tallahassee, FL 32304 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MOORE, KAREN<br>2011 DELTA BLVD., SUITE 2<br>TALLAHASSEE, FL 32303 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Mike Illers<br>3872 Padrick Drive<br>Tallahassee, FL 32309 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PENSON, ED<br>924 SUMMERBROOK DRIVE<br>TALLAHASSEE, FL 32312 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Martha McCaskill<br>170 Hickery Lane<br>Havana, FL 32301 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>RYLL, FRANK<br>136 S. BRONOUGH<br>TALLAHASSEE, FL 32301 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Frank Ryll<br>136 S. Bronough<br>Tallahassee, FL 32301 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PED<br>BATES, MARK<br>10 NORTH DUVAL ST.<br>QUINCY, FL 32351 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Mark Bates<br>PO Box 205<br>QUincy, FL 32353 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 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:** Marjorie Turnbull MARJORIE TURNBULL 7.6.04 (850) 201-8580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #