

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90003 026 ****70.00

DOCUMENT # 756629 1. Entity Name TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.	
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Principal Place of Business C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPELYARD DRIVE TALLAHASSEE, FL 32304-2895 US	Mailing Address C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPELYARD DRIVE TALLAHASSEE, FL 32304-2895 US
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50002140



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

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2091480	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TURNBULL, MARJORIE TCC FOUNDATION 444 APPELYARD DR, S227 TALLAHASSEE, FL 32304		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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, the registered agent.

SIGNATURE *Marjorie Turnbull* **Marjorie Turnbull** 01/05/05
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, 2005**

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	M TURNBULL, MARJORIE 444 APPELYARD DRIVE, #228 TALLAHASSEE, FL 323042895 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ILLERS, MIKE 3872 PADRICK DRIVE TALLAHASSEE, FL 32309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCASKILL, MARTHA 170 HICKERY LANE TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RYLL, FRANK 136 S. BRONOUGH TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATES, MARK 10 NORTH DUVAL ST. QUINCY, FL 32351 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ☐ Change ☒ Addition Todd Hunter, 407 East 6th Ave. Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ☐ Change ☒ Addition Allen Freeland, 7121 Coastal Highway Crawfordville FL 32327

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** 01/05/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #