2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State
01-11-2007 90058 033 ****61.25

DOCUMENT # 756629

1. Entity Name
TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

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

Mailing Address
C/O ~~MARJORIE TURNBULL~~ ROBIN JOHNSTON
TCC FOUNDATION, 444 APPLEYARD DRIVE
TALLAHASSEE, FL 32304-2895 US

40001792

01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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

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

7. Name and Address of New Registered Agent

Name ROBIN JOHNSTON
Street Address (P.O. Box Number is Not Acceptable)
444 APPLEYARD DR, ADM 227
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 _____ Jan-05-2007
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, 2007

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 APPLEYARD DRIVE, #228 TALLAHASSEE, FL 323042895	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ROBIN JOHNSTON 444 APPLEYARD DR, ADM 227
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ILLERS, MIKE 3872 PADRICK DRIVE TALLAHASSEE, FL 32309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGLAS BELL 215 S. MONROE ST. TALLAHASSEE FL 32301 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCASKILL, MARTHA 170 HICKERY LANE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RYLL, FRANK 136 S. BRONOUGH TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUNTER, TODD 407 EAST 6TH AVE TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FREELAND, ALLEN 7121 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327	☐ 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 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: _____ Jan-05-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #