2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# G75579

Entity Name: CAPITAL CITY BANK

Current Principal Place of Business:

217 NORTH MONROE STREET
TALLAHASSEE, FL 323017619 US

New Principal Place of Business:

Current Mailing Address:

217 NORTH MONROE STREET
TALLAHASSEE, FL 323017619 US

New Mailing Address:

FEI Number: 59-3277398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, J. KIMBROUGH
217 NORTH MONROE STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BARRON, THOMAS A	
Address:	POST OFFICE BOX 900 N/A	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:	STD	( ) Delete
Name:	DAVIS, J KIMBROUGH	
Address:	POST OFFICE BOX 900 N/A	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:	CD	( ) Delete
Name:	SMITH, WILLIAM G JR	
Address:	POST OFFICE BOX 900 N/A	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:	EVPD	( ) Delete
Name:	BRILEY, RANDOLPH	
Address:	POST OFFICE BOX 900 N/A	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:	EVPD	( ) Delete
Name:	ENGLERT, MITCHELL R.	
Address:	POST OFFICE BOX 900 N/A	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:	EVPD	( ) Delete
Name:	ANDREWS, ANDY	
Address:	410 WEST 10TH STREET	
City-St-Zip:	WEST POINT, GA 31833	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	DAVIS, J KIMBROUGH	
Address:	POST OFFICE BOX 900 N/A	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	EVPD	(X) Change ( ) Addition
Name:	CANUP, EDWARD G	
Address:	POST OFFICE BOX 900 N/A	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	EVPD	(X) Change ( ) Addition
Name:	COLLEDGE, WILIAM D	
Address:	POST OFFICE BOX 900 N/A	
City-St-Zip:	TALLAHASSEE, FL 32302	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. KIMBROUGH DAVIS EVP 03/13/2009

Electronic Signature of Signing Officer or Director — Date