

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711041

**Entity Name:** APALACHEE CENTER, INC.

**Current Principal Place of Business:**

2634 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2634-J CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308 US

**FEI Number: 59-1162148**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

REEVE, JAY  
2634-J CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308 US

*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

**Officer/Director Detail :**

Title P  
Name REEVE, JAY  
Address 2634-J CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title VP, TREAS  
Name KELLY, VIRGINIA H  
Address 2634-J CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name HOSFORD, KENNETH  
Address 2634-J CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name FLEET, EDWIN  
Address 2634-J CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name DAVIS, FORREST J  
Address 2634-J CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title VP, S  
Name CONGER, SUE  
Address 2634-J CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: VIRGINIA H. KELLY**

**VP, TREAS**

**04/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date