

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 01, 2024  
Secretary of State  
7948091131CC**

DOCUMENT# 711041

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

**Current Principal Place of Business:**

2634 CAPITAL CIRCLE NE  
BUILDING J  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2634 CAPITAL CIRCLE NE  
BUILDING J  
TALLAHASSEE, FL 32308 US

**FEI Number:** 59-1162148

**Certificate of Status Desired:** Yes

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

REEVE, JAY  
2634 CAPITAL CIRCLE NE  
BUILDING J  
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 CAPITAL CIRCLE NE  
BUILDING J  
City-State-Zip: TALLAHASSEE FL 32308

Title VP, TREAS  
Name HILTON, DEAN E  
Address 2634 CAPITAL CIRCLE NE  
BUILDING J  
City-State-Zip: TALLAHASSEE FL 32308

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

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

Title DIRECTOR  
Name BARNHILL, KIM  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name FALK, HARRY  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name MILLER, LOU  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name HANNAH, DENISE  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

**Continues on page 2**

*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:** DEAN HILTON

CFO

02/01/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HARVEY, DAVID  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name BRYANT, STERLING  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name DAILEY, JOHN  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name LANIER, STEPHEN  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name SANCHEZ, ALEX  
Address 2634 CAPITAL CIRCLE NE  
BUILDING J  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name HOWARD, OSCAR  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name RUSH, DELORISE  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name THOMPSON, JAMES  
Address 2634 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32308

Title OFFICER  
Name JOHNSON, GUY  
Address 2634 CAPITAL CIRCLE NE  
BUILDING J  
City-State-Zip: TALLAHASSEE FL 32308