

2020 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 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 D
Name FLEET, EDWIN
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

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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 E HILTON

CFO

02/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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 THOMPSON, JAMES
Address 371 LUTEN ROAD
City-State-Zip: QUINCY FL 32352