

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750996

Entity Name: CAPITAL CITY CHURCH OF CHRIST, INC.**Current Principal Place of Business:**2002 WILLIAMS ROAD
TALLAHASSEE, FL 32311**Current Mailing Address:**PO BOX 14835
TALLAHASSEE, FL 32317 US**FEI Number:** 59-2110536**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DANIEL, STEPHANIE
4506 BARCLAY LANE
TALLAHASSEE, FL 32309 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 D
Name TODD, ABERNETHY
Address 3250 ENDICOTT
City-State-Zip: TALLAHASSEE FL 32311

Title D
Name SWOPE, JOHN P
Address 9422 WINDAM WAY
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name CHEESEBOROUGH, HAROLD
Address 2845 O'HARA DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title CFO
Name SHINE, CHERYL A
Address 1752 FOLKSTONE ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name KATHRYN, BELL
Address 6340 BRACE COURT
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name BRANAGAN, JUDI
Address 7861 PRESERVATION RD
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name BOWEN, STEPHEN W
Address 3732 MUNDON WAY
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name HAYDEN, BRIAN
Address 5953 OX BOTTOM MANOR
City-State-Zip: TALLAHASSEE FL 32312

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: CHERYL A SHINE**CFO****03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date