## 2014 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:

TALLAHASSEE FL 32311

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Date

**FILED** Jan 21, 2014

**Secretary of State** 

CC1384936158

Officer/Director Detail:

Title Title D

TODD, ABERNETHY KATHRYN, BELL Name Name Address 3250 ENDICOTT 6340 BRACE COURT Address City-State-Zip: TALLAHASSEE FL 32312

Title D Title D

Name BRANAGAN, JUDI SWOPE, JOHN P Name Address 4673 INISHEER DR Address 9422 WINDAM WAY

City-State-Zip: TALLAHASSEE FL 32309 City-State-Zip: TALLAHASSEE FL 32312

Title Title D

Name BOWEN, STEPHEN W CHEESEBOROUGH, HAROLD Name Address 3732 MUNDON WAY 2845 O'HARA DRIVE Address

TALLAHASSEE FL 32309 City-State-Zip: City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR Title CFO

Name HAYDEN, BRIAN SHINE, CHERYL A Name

5953 OX BOTTOM MANOR Address 1752 FOLKSTONE ROAD Address City-State-Zip: TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 City-State-Zip:

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.

01/21/2014 SIGNATURE: CHERYL SHINE **CFO**