

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51064

**Entity Name:** CAPITAL CITY ROWING, INC.

**Current Principal Place of Business:**

1441 COVEY RIDE WEST  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

PO BOX 38154  
TALLAHASSEE, FL 32315

**FEI Number: 59-3222198**

**Certificate of Status Desired: No**

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

DWINELL, STEVEN E  
1441 COVEY RIDE WEST  
TALLAHASSEE, FL 32312 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: STEVEN DWINELL**

**04/02/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DWINELL, STEVEN E  
Address 1441 COVEY RIDE WEST  
City-State-Zip: TALLAHASSEE FL 32312

Title PRESIDENT  
Name SEIBERT, JEANA  
Address P.O.BOX 38154  
City-State-Zip: TALLAHASSEE FL 32315

Title VP  
Name CALHOUN, KIMBERLY  
Address PO BOX 38154  
City-State-Zip: TALLAHASSEE FL 32315

Title TREASURER  
Name DWINELL, STEVEN E  
Address PO BOX 38154  
City-State-Zip: TALLAHASSEE FL 32315

Title VP  
Name SEIBERT, JEANNA  
Address PO BOX 38154  
City-State-Zip: TALLAHASSEE FL 32315

Title SECRETARY  
Name MACVICAR, MICHELLE  
Address PO BOX 38154  
City-State-Zip: TALLAHASSEE FL 32315

*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: STEVEN DWINELL**

**DIRECTOR**

**04/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date