## 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N51064

Entity Name: CAPITAL CITY ROWING, INC.

**Current Principal Place of Business:** 

1400 VILLAGE SQUARE BLVD

#3-310

TALLAHASSEE, FL 32309

**Current Mailing Address:** 

1400 VILLAGE SQUARE BLVD

#3-310

TALLAHASSEE, FL 32309 US

FEI Number: 59-3222198 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, WINIFRED 1400 VILLAGE SQUARE BLVD #3-310 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: WINIFRED TAYLOR 07/30/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** 

Name SELOVER, JOHN Name TAYLOR, WINIFRED

1400 VILLAGE SQUARE BLVD 1400 VILLAGE SQUARE BLVD Address Address #3-310

#3-310

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

VICE PRESIDENT OF Title VICE PRESIDENT OF OPERATIONS Title ADMINISTRATION

City-State-Zip:

TALLAHASSEE FL 32309

Name BODIFORD, TRUEBY Name CHOREY, LORI

Address 1400 VILLAGE SQUARE BLVD Address

1400 VILLAGE SQUARE BLVD #3-310 #3-310

City-State-Zip: TALLAHASSEE FL 32309

Title **SECRETARY** 

Name CREWS, JENNIFER

1400 VILLAGE SQUARE BLVD Address

#3-310

TALLAHASSEE FL 32309 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.

07/30/2020 SIGNATURE: WINIFRED TAYLOR **PRESIDENT** 

Date

**FILED** Jul 30, 2020

**Secretary of State** 3818902176CC