

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703615

FILED
Feb 16, 2011
Secretary of State

Entity Name: CAPITAL CITY CHRISTIAN CHURCH INC

Current Principal Place of Business:

6115 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

6115 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-6555407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNDERWOOD, THOMAS E
6115 MAHAN DR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V
Name: MILLER, BEN
Address: 600 MEADOW RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S/T
Name: KING, WILFRED T
Address: 2016 LAUREL STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: C
Name: SAVOY, CLIFTON F DR.
Address: 519 OAKLAND AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: M
Name: JONES, GREG
Address: 10052 COLLINS HOLE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: M
Name: MYERS, DAVID C
Address: 6115 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: M
Name: DAVIS, LARRY
Address: 2307 ORLEANS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: DR. CLIFTON F. SAVOY

C

02/16/2011

Electronic Signature of Signing Officer or Director

Date