1/31/00-90012-003-\$70.00-\$70.00 **.2000 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 756629 FILED 1. Entity Name 00 MAR 21 AH 11: 24 TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE. FLORIDA C/O MARJORIE TURNBULL C/O MARJORIE TURNBULL TCC FOUNDATION. 444 APPLEYARD DRIVE TCC FOUNDATION! 444 APPLEYARD DRIVE OCOPIUUN TALLAHASSEE FL 32304-2895 TALLAHASSEE FL 32304 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2091480 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired ee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ---TURNBULL, MARJORIE TCC FOUNDATION 444 APPLEYARD DR, S227 Zip Code TALLAHASSEÉ FL 32304 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE TITLE Delete NAME turnbull, Marjorie STREET ADDRESS STREET ADDRESS 444 APPLEYARD DR SUITE 227 CITY-ST-ZIP CITY-ST-71P TALLAHASSEE FL 32304-2895 Change ☐ Addition ☐ Delete TITLE TITLE D NAME NAME SCHMALING, WININE STREET ADDRESS STREET ADDRESS 2516 CHAMBERLIN DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL-32312. Change Change AGST PRESIDENT Addition TITLE ☐ Dalete TITLE NAME CASSEDY, MARSHALL NAME STREET ADDRESS STREET ADDRESS DE! FREY, INC., 2012-D N. POINT BLVD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL PRESIDENT ELECT D Addition Change TITLE Delete TITLE ۷D NAME NAME ROBERTS, GARY STREET ADDRESS STREET ADDRESS 106 E COLLEGE AVE., STE 770 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 Addition Delete TITLE TITLE NAME NAME D'ALEMBERTÉ, DICK STREET ADDRESS STREET ADDRESS P.O. BOX 66 NA CITY-ST-ZIP CJTY-ST-ZIP CHATTAHOOCHEE FL 32324 VICE PRESIDENT Addition SD ☐ Delete TITLE TITLE D NAME CUMBIE, TOM NAME STREET ADDRÉSS P. D. BOX 610 STREET ADDRESS 404 LIVE OAK LN CITY-ST-ZIP CRAWFORDVILL HAVANA FL 32333 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attack prefix with an address, with all other like empowered.

SIGNATURE:

EQUIRMARJORIE TURNBULL 1.14.2000 92