2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2002 8:00 am Secretary of State **DOCUMENT # 756629** 1. Entity Name TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. 02-28-2002 90015 031 ****61.25 Principal Place of Business Mailing Address C/O MARJORIE TURNBULL C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPLEYARD DRIVE TCC FOUNDATION. 444 APPLEYARD DRIVE TALLAHASSEE FL 32304-2895 TALLAHASSEE FL 32304-2895 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 59-2091480 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Turnbull, Marjorie TCC FOUNDATION 444 APPLEYARD DR, S227 Zip Code City TALLAHASSEE 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) DATE : Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 • Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition Change TITLE ☐ Delete TITLE TURNBULL, MARJORIE NAME NAME 444 APPLEYARD DRIVE, #228 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32304-2895 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete TITI F 🔀 Change ☐ Addition PPO CUMBIE, TOM NAME P O BOX 610 STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 32326 CITY-ST-ZIP CITY-ST-ZIP PPD TITLE Delete TITLE ☐ Change ☐ Addition SCHMELING, WINNIE ... NAME NAME STREET ADDRESS 2516 CHAMBERLIN DRIVE STREET ADDRESS Tallahassee FL 32312 CITY-ST-ZIP CITY-ST-7IP PED Change ☐ Detete PD ☐ Addition TITLE TITLE PENSON, ED NAME NAME 924 SUMMERBROOK DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE PED Walker, Claude NAME NAME 1983 CENTER POINT BLVD, #200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP tallahassee FL 32308 TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 or 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 attachment with an address, with all other like empowered.

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