FILED Jul 16, 2004 8:00 am **Secretary of State**

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07-16-2004 90010 049 ****70.00 **DOCUMENT #756629** TALLAHASSEE COMMUNITY COLLEGE FOUNDATION. INC. Principal Place of Business Mailing Address 54062802 C/O MARJORIE TURNBULL C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPLEYARD DRIVE TCC FOUNDATION, 444 APPLEYARD DRIVE TALLAHASSEE, FL 32304-2895 US TALLAHASSEE, FL 32304-2895 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Numbe 59-2091480 Not Applicable 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 TURNBULL, MARJORIE TCC FOUNDATION Street Address (P.O. Box Number is Not Acceptable) 444 APPLEYARD DR, S227 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. I am familiar with, and accept the obligations of registered agent. Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE M Turnbull, Marjorie TURNBULL, MARJORIE NAME 444 Appleyard Drive STREET ADDRESS 444 APPLEYARD DRIVE, #228 STREET ADDRESS Tallahassee, FL 32304 CITY-ST-ZIP TALLAHASSEE, FL 323042895 CITY-ST-ZIP Delete TITLE TITLE PD ☐ Change Addition NAME MOORE, KAREN NAME Mike Illers STREET ADDRESS 2011 DELTA BLVD., SUITE 2 STREET ADDRESS 3872 Padrick Drive CITY-ST-7IE TALLAHASSEE, FL 32303 CITY-ST-ZIP Tallahassee, FL 32309 Delete TITLE Addition Change PENSON, ED Martha McCaskill NAMÉ NAME 170 Hickery Lane STREET ADDRESS 924 SUMMERBROOK DRIVE STREET ADDRESS Havana, FL 32301 CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP VPD Vn TITLE ☐ Delete TITLE ☐ Change ☐ Addition Frank Ryll NAME RYLL, FRANK NAME 136 S. BRONOUGH 136 S. Bronough STREET ADDRESS STREET ADORESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP Tallahassee, FL 32301 $\overline{ ext{PD}}$ TITLE PED TITLE Delete Addition NAME BATES, MARK Mark Bates NAME STREET ADDRESS 10 NORTH DUVAL ST. STREET ADDRESS PO Box 205 CITY-ST-7IE QUINCY, FL 32351 CITY-ST-ZIP ϕ_{Uincy} , FL 32353 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 attachnent with an address, with all other like empowered. ARJORIE TURNBULL 7.6.04 (850