## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 13, 2005 8:00 am **Secretary of State**

01-13-2005 90003 026 \*\*\*\*70.00

## **DOCUMENT #756629** 1. Entity Name TALLAHASSEE COMMUNITY COLLEGE FOUNDATION. INC. Mailing Address 50002140 Principal Place of Business 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. 01052005 Chg-NP CB2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-2091480 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TURNBULL, MARJORIE Street Address (P.O. Box Number is Not Acceptable) TCC FOUNDATION 444 APPLEYARD DR, \$227 TALLAHASSEE, FL 32304 Zip Code City FL 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 di Marjorie Turnbull 01/05/05 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition TURNBULL, MARJORIE NAME NAME 444 APPLEYARD DRIVE, #228 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323042895 City-St-Zip TITI F PΠ ☐ Delete TITLE ☐ Change Addition ILLERS, M!KE NAME 3872 PADRICK DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32309 CITY-ST-ZIP CITY-ST-ZIP SD Delete V/D ☐ Addition TITLE TITLE XX Change MCCASKILL, MARTHA NAME NAME STREET ADDRESS 170 HICKERY LANE STREET ADDRESS TALLAHASSEE, FL-32301-CITY-ST-ZIZ CITY\_ST-ZIP P/DTITLE VPD Delete XIXI Change TITLE ☐ Addition RYLL, FRANK NAME STREET ADDRESS 136 S. BRONOUGH STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP PΠ TITLE Delete TITLE Change Addition BATES, MARK NAME Todd Hunter, 407 East 6th Ave. STREET ADDRESS 10 NORTH DUVAL ST. STREET ADDRESS Tallahassee, FL 32303 QUINCY, FL 32351 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE Change Addition s/D NAME NAME Allen Freeland, 7121 Coastal Highway

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 of 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 receives of 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 attachme r like empowered

STREET ADDRESS

CITY-ST-ZIP

CrawfordvilleFL32327

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

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Mru J	Winta	a Mar	iorie	TURnbull
TYPED OR PRINTED NAME	OF SIGNING OF	FIGER OR DIRECTOR	1	

01/05/05

Daytime Phone #