## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 10, 2006 8:00 am **Secretary of State DOCUMENT # 756629** 1. Entity Name 02-10-2006 90015 040 \*\*\*\*61.25 TALLAHASSEE COMMUNITY COLLEGE FOUNDATION. INC. Principal Place of Business Mailing Address C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPLEYARD DRIVE TALLAHASSEE FL 32304-2895 C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPLEYARD DRIVE TALLAHASSEE FL 32304-2895 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 4. FEI Number Applied For City & State City & State 59-2091480 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TURNBULL, MARJORIE Street Address (P.O. Box Number is Not Acceptable) TCC FOUNDATION 444 APPLEYARD DR, S227 TALLAHASSEE FL 32304 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. 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-7IP PD PAST PRESIDENT Change TITLE ☐ Delete TITLE ☐ Addition ILLERS, MIKE NAME NAME 3872 PADRICK DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32309 CITY-ST-ZIP CITY-ST-ZIE PRESIDENT ELECT D TITLE \_ 🔲 Delete **Change** ☐ Addition MCCASKILL, MARTHA NAME STREET ADDRESS 170 HICKERY LANE STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-ZIP PΩ ☐ Change ☐ Addition ☐ Defete TITLE THE RYLL, FRANK NAME NAME STREET ADDRESS 136 S. BRONOUGH STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-ZIP TD SD Change ☐ Delete THILE ☐ Addition TITLE HUNTER, TODD NAME NAME 407 EAST 6TH AVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AD

SIGNATURE:

FREELAND, ALLEN

7121 COASTAL HIGHWAY

CRAWFORDVILLE FL 32327

TITLE

MAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

1.27.06

Change

☐ Addition

FILED