## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # 756629

1. Entity Name

Principal Place of Business

## TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.



**FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90094 048 \*\*\*\*61.25

C/O MARJORIE TURNBULL TCC FOUNDATION. 444 APPLEYARD DRIVE TALLAHASSEE FL 32304-2895 US			C/O MARJORIE TURNBULL TCC FOUNDATION. 444 APPLEYARD DRIVE TALLAHASSEE FL 32304-2895 US			:	60093092 -				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State	••	-	00 200 1700		pplied For lot Applicable			
Zip Country			Zip	Zip Cou		5. Certificate of Status Desired		atus Desired	\$8.75 Additional		
6. Name and Address of Current Registered Agent							7. Name and Add	ress of New Registe	•		
an commence commence commence of the commence						Name					
Turnbui	LL, MARJOF	RIE			Street Address (P.O. Box Number is Not Acceptable)						
TCC FOU	INDATION				Sileet	Address (P	:O. Box Number is N	iot Acceptable)			
444 APPL	LEYARD DR	. \$227		•							
TALLAHA	SSEE FL 32	2304			0:4		<del></del>		1 = -		
					City				FL Zip Coo		
8. The above the obligat	named entity tions of regist	submits this statement for tered agent.	the purpose of changing i	its registere	ed office of	or registere	d agent, or both, in t	the State of Florida.	am familiar with,	and accept	
SIGNATURE .	Signature broad	or printed name of registered agent and	Stille if applicable AM	OTE Built							
· <del></del>		or printed the or regional out again, and	une ii applicable. (NC	JIC. Negislerel	a Agent signs	ature required w	rhen reinstating)	D.	ATE	1	
9. Election Campai Trust Fund Contr							\$5.00 May Be Added to Fees		neck Payable partment of \$		
10.	4,4	OFFICERS AND DIRE	CTORS	11.		Δ1	DITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN	L 10	
TITLE	ED	· · ·	☐ Delete	TITLE		T	35 TO TO TO TAIT OF	O TO OTT TOETS AN	Change	Addition	
NAME	TURNBULL	, marjorie		NAME		1			Contange	L_] Addition (	
STREET ADDRESS 444 APPLEYARD DRIVE, #228			STRE		T ADDRESS	ļ				1	
CITY-ST-ZIP	TALLAHAS	SEE FL 32304-2895		CITY-	ST-ZIP						
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NAME	CUMBIE, T	OM	<del></del>	NAME					C Ondrige		
STREET ADDRESS	P O BOX 6	i10		STREE	T ADDRESS					1	
		DVILLE FL 32326		CITY-	ST-ZIP		-			)	
• •	PD		☐ Delete	TITLE		Dilse	CTOR		Change	Addition	
	PENSON, ED			NAME	_	PENSO	N; ED SUMMBRBROC	v Aewê	<b>4</b> 2 s		
		erbrook drive		STREE	T ADDRESS	924	SO WARLE MAR	M Steer			
		SEE FL 32312		CITY-	ST-ZIP	TALLA	HASSEE F	1 32312			
	PED		Delete	TITLE		VI CE	PROSIDENT	DIRECTOR	Change	Addition	
	WALKER, C			NAME		FRAN	S. BRONOL	•	_ •	_	
		ER POINT BLVD, #200		STREE	T ADDRESS	136	S. BRONCL	16H			
CITY-ST-ZIP	TALLAHAS	SEE FL 32308		CITY-:	ST-ZIP	TALL	AHASSER, F	CL 32301		, l	
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NAME				NAME		KARE	N MODITE		-	•	
STREET ADDRESS				1	T ADDRESS	2011	DELTA BLV/	DISOLTE Z			
CITY-ST-ZIP	<del></del>			CITY-S	ST-ZIP	TALLA	HASSEE FL	<u>. 32303</u>			
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NAME [				NAME							
CIDECT ADDRESS						INTALS	K BATES	سيدي ال		-	
STREET ADDRESS CITY-ST-ZIP					T ADDRESS		K BATES LORTH DUVA NCY FL:				

increase certain 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

SIGNATURE: