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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767508

(5)

| CAPITA | L CITY GROUP FOUNDATI | ON, INC. | | | | | | | | |
|---|--|--|--|---------------------------------------|---------------------------|--------------------------|--|--------------------------|-----------------------------|----------------------------|
| Principal Place | of Business | Malling Address | | | | | 1035111 10010 E1111 1 000 1 01111 0 | (K 3)3)) 3(0) | I EINAK AINKH AIN | |
| 217 NORTH MO P.O. BOX 11248 TALLAHASSEE F | 217 NORTH MONROE ST. P.O. BOX 11248 TALLAHASSEE FL 32302-S | OX 11248 | | | | | | | | |
| US | | US | | | | | 3. Date Incorporated or Qualified 03/16/1983 | 3a. Da | te of Last Ri 6/24/100 | eport VR |
| 2. Principal Place of Business 21 | | 2a. Mailing Address | | | | 4. FEI Number 59-2276367 | Applied For Not Applicable | | | |
| Suite, Apt | #, elc. | Suite, Apt. #, etc. | | | ······· | | 5. Certificate of Status Desired | | \$8.75 A | Additional |
| City & State | 9 | City & State | | | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Zip | Country | Zip | Col | untry | , | | 8. This corporation has liability for | intanglble | | |
| 24 | 25 | 29 | 30 | | | | Florida Statutes | Yes [|] No | |
| | 9. Name and Address of Curre | nt Registered Agent | | <u> </u> | | | 10. Name and Address of New Re | gistered / | (gent | |
| | | | | 81 | Name | | | | | |
| RUGGIERO, DONALD L | | | | 82 | Street A | Addres | s (P.O. Box Number is Not Acceptat | ole) | 4-1747- | |
| 217 NORTH MONROE ST | | | | | | | | | | |
| INLLATINGUEC FL 32302 | | | | | | | | | | |
| | | | | 84 | City | | FL 85 Zip Code | | | |
| | to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig | 02 and 617.1508, Florida Statu e of Florida. Such change was gations of, Section 617.0503, F | ites, the a authorize lorida Sta | bove d by | e-named the corp s. | corpora poration | ation submits this statement for the p 's board of directors. I hereby acce | ourpose of pt the app | changing its pintment as | s registered registered |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable (NO | TE: Registere | od Age | ent signature | required | when reinstating) | DATE | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | | | ADDITIONS/CHANGES TO OFFIC | CERS AND | DIRECTOR | RS IN 12 |
| tiflE | PD | | | 1.1 TITLE | | | | | Change | Addition |
| NAME | SMITH JR., WILLIAM G. | . 1 | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 217 N. MONROE ST. | | 1.3 5 | 1.3 STREET ADORESS | | | | | | |
| CITY - ST - ZIP | TALLAHASSEE FL | | | | IT-ZIP | | | | T-1 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | | | | | ☐ Change | Addition |
| NAME | BARRON, THOMAS A. | 22 N | | | | 1 | | | | Ì |
| STREET ADDRESS | 2111 N. MONROE ST. | | | 2.3 STREET ADDRESS 2.4 City-St-Zip | | | | | | |
| CITY - ST - ZIP TITLE | TALLAHASSEE FL STD | □ nel ete | 2.40 DELETE 3.171 | | ST-ZIP | | | | Change | Addition |
| NAME | RUGGIERO, DONALD L | C) otteric | 3.2 N | | | | | | - Onlings | |
| STREET ADDRESS | 217 N. MONROE ST. | | | 3.3 STREET ADORESS | | | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 3.4 CITY | | | | | | | |
| TITLE | TALLY WOOLE 1 E | DELETE | 4.1 T | | 31-4" | | | , | Change | Addition |
| NAME | | | | NAME | | | | | • | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY - S1 - ZIP | | | 1 | | ST-ZIP | | | | | İ |
| TITLE | | ☐ DELETE | 5.1 T | | | | · · · · · · · · · · · · · · · · · · · | | Change | ☐ Addition |
| NAME | | | 521 | NAME | | 1 | | | | |

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STHEET ADDRESS

CITY - ST - ZIP TITLE

NAME

OURBITL Ashe_

5-20-97

904-671-0608

Change

Addition

FILED

May 27 1997 8:00am

Secretary of State