FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 767508**

1. Corporation Name

CAPITAL CITY GROUP FOUNDATION, INC.

Principal Place of Business
217 NORTH MONROE ST.
P.O. BOX 11248
TALLAHASSEE FL 32302-3248
118

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

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23

Mailing Address

2a. Mailing Address

City & State

Zip

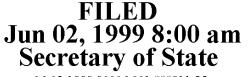
Suite, Apt. #, etc.

217 NORTH MONROE ST. P.O. BOX 11248 TALLAHASSEE FL 32302-3248

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06-02-1999 90006 001 ***811.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

03/16/1983

59-2276367

4. FEI Number

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850671.0300

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

Zip	Country	Zip	c	ountry	try 6. Election Campaign Financing			\$5.00 May Be			
24	25	29	30			Trust Fund Contribution		Added to Fees			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
BI IGGIERO	RUGGIERO, DONALD L					ess (P.O. Box Number is Not Acce	ntable)				
217 NORTH MONROE ST					Street Addre	Soo (1.0. Box Hamber to Hot Floor	, , , , , , , , , , , , , , , , , , ,				
TALLAHASSEE FL 32302											
TALLAHAS	55EE FE 52502			_	011	<u>-</u>		Teel :	Zip Co		
				84	City		FL	85	Zip Co	Je	
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such cha	nge was authoriz	zed by	the corporatio	oration submits this statement for t in's board of directors. I hereby acc	ne purpose of cept the appoi	changing ntment a	g its re s regis	gistered tered	
SIGNATURE							DATE			\	
42	Signature, typed or printed name of registered agent a			3.	nt signature required	ADDITIONS/CHANGES TO (D DIRE	CTORS	S IN 12	
12.	OFFICERS AND			TITLE		ABBITIONO/OF A TOZO TO		☐ Char		Addition	
TITLE	PD MILLIAM C			NAME				<u> </u>			
NAME	SMITH JR., WILLIAM G.										
STREET ADDRESS	217 N. MONROE ST.		4		TADDRESS					ļ	
CITY-ST-ZIP	TALLAHASSEE FL			4 CITY-S	IT-ZIP	_		☐ Chai	nde	Addition	
TMLE	VO			TITLE							
NAME	BARRON, THOMAS A.			2 NAME							
STREET ADDRESS			2.3	STREE	TADDRESS					j	
CITY-ST-ZIP	TALLAHASSEE FL			4 CITY-S	ST-ZIP	<u> </u>		70-			
TITLE	STD	П	DELETE 3.	ΉTLE	Ì			Char	nge	Addition	
NAME	RUGGIERO, DONALD L		3.:	2 NAME							
STREET AODRESS	217 N. MONROE ST.		3.3	3 STREE	TADORESS						
CITY-ST-ZIP	TALLAHASSEE FL		3.4	4. CITY-5	ST-ZIP						
TITLE			DELETE 4.	TITLE	ì			Chai	nge	Addition	
NAME			4.	2 NAME	\ \					l	
STREET ADDRESS			4.	3 STREE	T ADDRESS						
CITY-ST-ZIP			4.	4 CITY-S	ST-ZIP				_	,	
TITLE			DELETE 5.	1 TITLE				Chai	nge	Addition	
NAME			5.:	2 NAME							
STREET ADDRESS			5.3	3 STREE	T ADORESS						
CITY-ST-ZIP			5.	4 CITY-S	ST-ZIP						
TITLE			DELETE 6.	1 TTLE				Cha	nge	Addition	
NAME		_	6.:	2 NAME							
STREET ADORESS			6.	3 STREE	T ADDRESS						
				4 CITY-S						İ	
CITY-ST-ZIP	certify that the information supplied with	this filing does no	t qualify for the e	xempl	tion stated in S	Section 119.07(3)(i), Florida Statute	s. I further cer	tify that	the info	ormation	
indicated	on this annual report or supplemental a director of the corporation or the receive	innual report is tru	e and accurate a	nd tha	it my sianature	shall have the same legal effect a	s it made und	er oatn: 1	เปลเเร	man	

Country