

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 27, 2006
Secretary of State**

DOCUMENT# 767508

Entity Name: CAPITAL CITY BANK GROUP FOUNDATION, INC.**Current Principal Place of Business:**217 NORTH MONROE ST.
TALLAHASSEE, FL 32301 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 11248
C/O J. KIMBROUGH DAVIS
TALLAHASSEE, FL 323023248 US**New Mailing Address:****FEI Number:** 59-2276367 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIS, KIMBROUGH
217 NORTH MONROE STREET
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SMITH, WILLIAM G JR.
Address: 217 N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL**Title:** VD () Delete
Name: BARRON, THOMAS A
Address: 217 N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL**Title:** STD () Delete
Name: DAVIS, KIMBROUGH
Address: 217 N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL**Title:** () Delete
Name: () Delete
Address: () Delete
City-St-Zip: () Delete**Title:** () Delete
Name: () Delete
Address: () Delete
City-St-Zip: () Delete**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CD (X) Change () Addition
Name: SMITH, WILLIAM G JR.
Address: 217 N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL**Title:** PD (X) Change () Addition
Name: SMITH, ROBERT H
Address: 217 N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL**Title:** SD (X) Change () Addition
Name: BRASWELL, FLECIA
Address: 217 N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL**Title:** TD () Change (X) Addition
Name: JOHNSON, RAY A
Address: 217 N. MONROE ST.
City-St-Zip: TALLAHASSEE, FL**Title:** D () Change (X) Addition
Name: THORNTON, GLENDA
Address: 106 E. COLLEGE AVE. SUITE 900
City-St-Zip: TALLAHASSEE, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY A. JOHNSON

TD

07/27/2006

Electronic Signature of Signing Officer or Director

Date