

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767508

FILED  
Apr 30, 2008  
Secretary of State

**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:**

217 NORTH MONROE ST.  
TALLAHASSEE, FL 32301 US

FEI Number: 59-2276367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: CD ( ) Delete  
Name: SMITH, WILLIAM G JR.  
Address: 217 N. MONROE ST.  
City-St-Zip: TALLAHASSEE, FL

Title: PD ( ) Delete  
Name: SMITH, ROBERT H  
Address: 217 N. MONROE ST.  
City-St-Zip: TALLAHASSEE, FL

Title: SD ( ) Delete  
Name: BRASWELL, FLECIA  
Address: 217 N. MONROE ST.  
City-St-Zip: TALLAHASSEE, FL

Title: TD ( ) Delete  
Name: JOHNSON, RAY A  
Address: 217 N. MONROE ST.  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: THORNTON, GLENDA  
Address: 106 E. COLLEGE AVE. SUITE 900  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

D

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date