2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007
Secretary of State

DOCUMENT# 856487

Entity Name: THE REUBEN CAPELOUTO FOUNDATION, INC.

Current Principal Place of Business:

700 CAPITAL CIRCLE N E
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

700 CAPITAL CIRCLE N E
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 63-0818945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPELOUTO, GRANT A
700 CAPITAL CIRCLE N E
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: PT ( ) Delete
Name: CAPELOUTO, RAYMOND A
Address: 700 CAPITAL CIRCLE N E
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete
Name: CAPELOUTO, GRANT A
Address: 700 CAPITAL CIRCLE N E
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Delete
Name: HUBBARD, MICHAEL D
Address: 1912 CHOWKEEBIN CT
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: LEGASPI, JESUSA
Address: 980 WATERVIEW DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: KANGA, LAMBERT H B
Address: 1098 HIGH MEADOW DR
City-St-Zip: TALLAHASSEE, FL 32311

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: GRANT CAPELOUTO PT 08/17/2007
Electronic Signature of Signing Officer or Director — Date