

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90003 008 \*\*\*\*61.25

**DOCUMENT # N00000003612**

1. Entity Name  
**TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.**



Principal Place of Business  
**444 APPELYARD DR  
TALLAHASSEE, FL 32304**

Mailing Address  
**444 APPELYARD DR  
TALLAHASSEE, FL 32304**

**54063093**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

07062004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3651984**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEW, WILLIAM D JR.  
444 APPELYARD DR  
TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent

Name **Law, William D. Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**444 Appleyard Drive**  
City **Tallahassee** **FL** Zip Code **32304**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, CLAUDE 106 E COLLEGE AVE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, E. EDWARD 1018 THOMASVILLE ROAD STE 200A TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPERRY, TODD 1400 OVEN PARK DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, WILLIAM D JR 444 APPELYARD DR TALLAHASSEE, FL 323042895	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSTER, RUSSELL PO BOX 11192 TALLAHASSEE, FL 32302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ed Penson 924 Summerbrooke Dr. Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William D. Lew*  
7/7/04

Date

Daytime Phone #