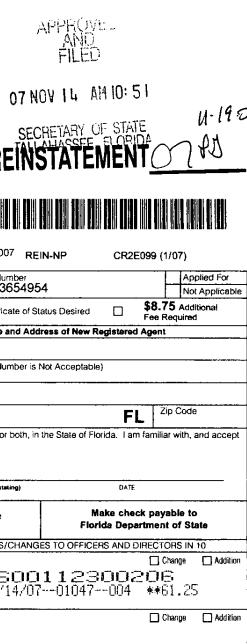
2007 NOT-FOR-PROFIT CORPORATION



	KEINSTA				LILL.			
DOCUMENT # N0000003612 1. Entity Name TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.				劉	HETARY OF STATE		u-190	
444 APPLEYARD DR 444 TALLAHASSEE, FL 32304 ADN		Mailing Address 444 APPLEYARD DR ADMIN BLDG #227 TALLAHASSEE, FL 32304			RETARY OF STANDARSEE SLORI			
2. Principal Place of Business - No P.O. Box # 3. Ma		. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		N-NP CR2I	E099 (1/07)		
City & State		City & State	City & State		<u> </u>		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add	litional	
	6. Name and Address of Current Re	gistered Agent		7. Name and Addr	ess of New Registered	d Agent		
TURNBULL, MARJORIE 444 APPLEYARD DR ADMIN BLDG #227 TALLAHASSEE, FL 32304			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code		e		
SIGNATURE	Signature, typed or printed name of registered agent and		:: Registered Agent signature re	· I	DATE	ck payable to		
	nuary 1, 2008, Fee will be \$122.50	corporation	In accordance with s. 607.193(2)(b corporation did not receive the prio		r notice. Florida Department of State			
10.	OFFICERS AND DIREC	YT∩B\$						
NAME STREET ADDRESS CITY-ST-ZIP	PD PENSON, ED		11.		S TO OFFICERS AND E		10	
	924 SUMMERBROOKE DR. TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGE	s to officers and s 1 123002 01047004	☐ Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE		☐ Change	10 Addition	
NAME STREET ADDRESS	TALLAHASSEE, FL 32312 D MURRAY, E. EDWARD 1018 THOMASVILLE ROAD STE 20	☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE		□ Change 2□	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TALLAHASSEE, FL 32312 D MURRAY, E. EDWARD 1018 THOMASVILLE ROAD STE 20 TALLAHASSEE, FL 32303 D SPERRY, TODD 1400 OVEN PARK DRIVE	□ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGE		□ Change P □ □ □ **61.25	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TALLAHASSEE, FL 32312 D MURRAY, E. EDWARD 1018 THOMASVILLE ROAD STE 20 TALLAHASSEE, FL 32303 D SPERRY, TODD 1400 OVEN PARK DRIVE TALLAHASSEE, FL 32308 D LAW, WILLIAM D JR 444 APPLEYARD DR	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE		☐ Change ★+61.25 ☐ Change ☐ Change	Addition Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE:

TALLAHASSEE, FL 32304

CITY-ST-ZIP

MARJORIE TURNBULL 11.07.07 (850) 385-4184 ER OR DIRECTOR Date Daytine Phone # ardoru suntrul