


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90017 029 ****61.25

DOCUMENT # N00000003612 1. Entity Name TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.	
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Principal Place of Business 444 APLEYARD DR TALLAHASSEE, FL 32304	Mailing Address 444 APLEYARD DR ADMIN BLDG #227 TALLAHASSEE, FL 32304
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DO NOT WRITE IN THIS SPACE

07092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3654954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TURNBULL, MARJORIE
444 APLEYARD DR
ADMIN BLDG #227
TALLAHASSEE, FL 32304

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENSON, ED 924 SUMMERBROOKE DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, E. EDWARD 1018 THOMASVILLE ROAD STE 200A TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPERRY, TODD 1400 OVEN PARK DRIVE 3110 CAPITAL CIR NE TALLAHASSEE, FL 32308 STE 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, WILLIAM D JR 444 APLEYARD DR TALLAHASSEE, FL 323042895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSTER, RUSSELL PO BOX 11102 524 E. PARK AVE. SUITE 100 TALLAHASSEE, FL 32302 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OO TURNBULL, MARJORIE 444 APLEYARD DR, ADMIN #227 TALLAHASSEE, FL 32304

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IN THIS SPACE**

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.

SIGNATURE: Marjorie Turnbull **OPERATING OFFICER** 7.21.08 201-8580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #