2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

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Entity Name: CAPITAL CITY CHALLENGE CORP.

Current Principal Place of Business:

8600 SPRINGHILL RD.
TALLAHASSEE, FL 32305

New Principal Place of Business:

4785 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32317

Current Mailing Address:

8600 SPRINGHILL RD.
TALLAHASSEE, FL 32305

New Mailing Address:

4785 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32317

FEI Number: 75-3224901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE SUITE 1300
JACKSONVILLE, FL 32202 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: DCP ( ) Delete
Name: SEAY, LONNIE
Address: 2825 MUNICIPAL WAY
City-St-Zip: TALLAHASSEE, FL 32304

Title: DVP ( ) Delete
Name: HIGGENBOTHEM, SCOTT
Address: 8600 SPRINGHILL RD.
City-St-Zip: TALLAHASSEE, FL 32305

Title: DT ( ) Delete
Name: STRICKLAND, CHARLES
Address: 2825 MUNICIPAL WAY
City-St-Zip: TALLAHASSEE, FL 32304

Title: DS ( ) Delete
Name: MCCRANIE, DAVID
Address: 234 EAST 7TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32311

Title: DVP ( ) Delete
Name: DAWSON, ANDREW
Address: 2825 MUNICIPAL WAY
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: HIGGENBOTHEM, SCOTT
Address: 4785 CHAIRES CROSS ROAD
City-St-Zip: TALLAHASSEE, FL 32317

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: CHARLES STRICKLAND DT 03/19/2009

Electronic Signature of Signing Officer or Director — Date