

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

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90018 046 ****61.25

DOCUMENT # N06000011371

1. Entity Name
CAPITAL CITY VENTURES, INC.



Principal Place of Business
118 N GADSDEN STREET
TALLAHASSEE, FL 32301

Mailing Address
118 N GADSDEN STREET
TALLAHASSEE, FL 32301

40012573



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8684702

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOYLE, JON C JR
118 N GADSDEN STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
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

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
AUSLEY, LORANNE
86 WASHINGTON STREET
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BLOCK, CAROL
3010 THOMASVILLE ROAD
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOYLE, JON C JR
118 N GADSDEN STREET
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PITTMAN, SEAN
528 E PARK AVE
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WAHLEN, JEFF
227 S CALHOUN STREET
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ZIFFER, GIL
3976 GROVE PARK DRIVE
TALLAHASSEE, FL 32311

See attached.

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-08 850-681-3828

ATTACHMENT

40012579

Please add the following as Directors of Capital City Ventures, Inc.
Document #N06000011371

Randy Hanna
101 N Monroe St., Suite 900
Tallahassee, Florida 32301

Janet Hinkle
121 North Monroe Street, PH4
Tallahassee, FL 32301

Ed Murray
1018 Thomasville Road, Suite 200A
Tallahassee, FL 32303

Dave Ramsay
9048 Shoal Creek Drive
Tallahassee, FL 32312

Jay Smith
1080 Commerce Boulevard
Midway, FL 32343

Please correct the mailing address for existing Director as follows:

Loranne Ausley
826 Washington Street
Tallahassee, FL 32303