2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N06000011371

Entity Name: CAPITAL CITY VENTURES, INC.

Current Principal Place of Business:

118 N GADSDEN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

118 N GADSDEN STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-8684702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOYLE, JON C JR
118 N GADSDEN STREET
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: AUSLEY, LORANNE
Address: 86 WASHINGTON STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: BLOCK, CAROL
Address: 3010 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: MOYLE, JON C JR
Address: 118 N GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: PITTMAN, SEAN
Address: 528 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: WAHLEN, JEFF
Address: 227 S CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: ZIFFER, GIL
Address: 3976 GROVE PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change ( ) Addition
Name: ZIFFER, GIL
Address: 3166 BARINGER HILL DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

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: JON C. MOYLE, JR. D 02/27/2009
Electronic Signature of Signing Officer or Director — Date