

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011371

FILED  
Jan 11, 2012  
Secretary of State

**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  
**Name:** AUSLEY, LORANNE  
**Address:** 86 WASHINGTON STREET  
**City-St-Zip:** TALLAHASSEE, FL 32303

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** JON C. MOYLE, JR.

D

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date