

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000688

FILED
Jan 31, 2009
Secretary of State

Entity Name: CAPITOL CITY DUPLICATE BRIDGE CLUB, INC.

Current Principal Place of Business:

2020 CONTINENTAL AVE
UNIT 106
TALLAHASSEE, FL 32304

New Principal Place of Business:

1630 BRANCH STREET
TALLAHASSEE, FL 32303

Current Mailing Address:

PO BOX 3748
TALLAHASSEE, FL 32315

New Mailing Address:

1630 BRANCH STREET
TALLAHASSEE, FL 32303

FEI Number: 20-8281215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENSON, ALBERT C
PENSON & PADGETT, P.A.
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 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: PSD () Delete
Name: ERICKSON, THOMAS A
Address: PO BOX 3748
City-St-Zip: TALLAHASSEE, FL 32315

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ERICKSON, THOMAS A
Address: 2020 CONTINENTAL AVE UNIT 106
City-St-Zip: TALLAHASSEE, FL 32304

Title: PSD () Change (X) Addition
Name: WHITAKER, STEVE W
Address: 1630 BRANCH STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT () Change (X) Addition
Name: YOUNG, MARY P
Address: 1630 BRANCH STREET
City-St-Zip: TALLAHASSEE, FL 32303

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: STEVE W. WHITAKER

PRES

01/31/2009

Electronic Signature of Signing Officer or Director

Date