FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 AM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41873** **(3)**

1. Corporation Name

CAPITAL CITY FORUM, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% CLINITA FORD 2029 N. MERIDIAN ROAD TALLAHASSEE FL 32303	% CLINITA FORD 2029 N. MERIDIAN ROAD TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: 01/30/1991
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-3077882 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORD, CLINITA 2029 N. MERIDIAN ROAD TALLAHASSEE FL 32303	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	DENNIS, AL	12 NAME	500001474915
STREET ADDRESS	2217 GREENWICH WAY	13 STREET ADDRESS	-05/04/95--01009--013
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	D	21 TITLE	D/V XX Change ☐ Addition
NAME	BOWEN, JOY	22 NAME	McMillian, Cortha
STREET ADDRESS	2505 FRITZ LANE	23 STREET ADDRESS	2089-D Sandcastle Dr.
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Tallahassee, Florida
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	MOORE, MICHAEL	32 NAME	
STREET ADDRESS	2901 TYRON CIR.	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D/T XX Change ☐ Addition
NAME	MCLEAN, BERNICE	42 NAME	McRoy, Diedre
STREET ADDRESS	320 STONEHOUSE ROAD	43 STREET ADDRESS	2438 Nugget Lane
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	Tallahassee, Florida
TITLE	DT	51 TITLE	D XX Change ☐ Addition
NAME	MACK, MARTHA	52 NAME	Dilworth, Linda
STREET ADDRESS	710 STAFFORD DR.	53 STREET ADDRESS	919 Kendall Drive
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	Tallahassee, Florida
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfred L. Dennis Alfred L. Dennis 4/28/95 904/488-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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