

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51064

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: CAPITAL CITY ROWING, INC.

**Current Principal Place of Business:**

512 WILLIAMS STREET  
TALLAHASSEE, FL 32315

**New Principal Place of Business:**

550 EAST GEORGIA STREET  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 38154  
TALLAHASSEE, FL 32315

**New Mailing Address:**

FEI Number: 59-3222198      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MINARDI, CHRISTINE A  
512 WILLIAMS STREET  
TALLAHASSEE, FL 32303      US

**Name and Address of New Registered Agent:**

MINARDI, CHRISTINE A  
550 EAST GEORGIA STREET  
TALLAHASSEE, FL 32303      US

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

01/12/2009

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CHILES, MARY  
Address: 3030 HAWKS GLEN  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S      ( ) Delete  
Name: CRABTREE, ELLEN  
Address: 181 ROSEHILL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: TD      ( ) Delete  
Name: MINARDI, CHRISTINE A  
Address: 512 WILLIAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: PREL      (X) Delete  
Name: SNOWDEN, LEE  
Address: 3609 UNCLE GLOVER ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: CHAI      (X) Delete  
Name: ANDERSON, WAYNE  
Address: 3424 MONITOR LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: PPRE      (X) Delete  
Name: MAIDE, MARY  
Address: 1306 RACHEL LANE  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: HADAR, BRIAN  
Address: 2011 DUNEAGLE LANE  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: S      (X) Change ( ) Addition  
Name: GOWEN, MAGGIE  
Address: 3904 SHAMROCK STREET WEST  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: T      (X) Change ( ) Addition  
Name: MINARDI, CHRISTINE A  
Address: 550 EAST GEORGIA STREET  
City-St-Zip: TALLAHASSEE, FL 32303 US

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

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

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

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: CHRISTINE ANNE MINARDI

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

T

01/12/2009

\_\_\_\_\_  
Date