

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51064

FILED  
Jan 09, 2011  
Secretary of State

**Entity Name:** CAPITAL CITY ROWING, INC.

**Current Principal Place of Business:**

550 EAST GEORGIA STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

110 ALACHUA AVENUE  
TALLAHASSEE, FL 32308

**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  
550 EAST GEORGIA STREET  
TALLAHASSEE, FL 32303      US

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

MINARDI, CHRISTINE A  
1110 ALACHUA AVENUE  
TALLAHASSEE, FL 32308      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

01/09/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHMIDT, JOHN  
Address: 1402 DEVONSHIRE COURT  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: S  
Name: GHARAKHANI, VIVIAN  
Address: 2055 THOMASVILLE ROAD, A204  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: T  
Name: WALKER, KIM  
Address: 7866 MCCLURE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP  
Name: COHAN, PETE  
Address: 8949 WINGED FOOT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

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: CHRISTINE ANNE MINARDI

EXDI

01/09/2011

Electronic Signature of Signing Officer or Director

Date