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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:09

DOCUMENT # N93000000885 (4)

1. Corporation Name
TALLAHASSEE COMMUNITY COLLEGE ENDOWMENT, INC.

Principal Place of Business	Mailing Address
TCC FOUNDATION SUITE 227 TALLAHASSEE FL 32304-2895 US	TCC FOUNDATION 444 APPLEYARD DR. TALLAHASSEE FL 32304-2895 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1993
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-3176599 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER, MARSHALL
TCC FOUNDATION, INC.
444 APPLEYARD DR.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEAU, TOM	1.2 NAME	
STREET ADDRESS	3476 VALLEY CREEK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	PED	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, BILL	2.2 NAME	
STREET ADDRESS	217 NORTH MONROE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	VERSIGA, BILL	3.2 NAME	
STREET ADDRESS	HWY 319	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	STRYKER, LAUREY	4.2 NAME	
STREET ADDRESS	THE CAPITOL PL08	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, BILL	5.2 NAME	
STREET ADDRESS	123 SOUTH CALHOUN	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	MADIGAN, CASEY	6.2 NAME	
STREET ADDRESS	3029 PASTURE WOOD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 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)(i), 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: _____ 3/16 (904) 922-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027351

N93000000 885

Firstname	Mr. Marshall
Lastname	Cassey
Brdpositio	Director
Company	
Address	2210D N.Point Blvd.
City	Tallahassee
State	FL
Zip	32308
Firstname	Dr. Lawrence
Lastname	Harchett
Brdpositio	Director
Company	
Address	3334 Capital Medical Blvd.
City	Tallahassee
State	FL
Zip	32308
Firstname	Mr. Ed
Lastname	Colvin
Brdpositio	Director
Company	
Address	P.O. Box 277
City	Tallahassee
State	FL
Zip	32327
Firstname	Mr. Steve
Lastname	Evans
Brdpositio	Director
Company	I.B.M.
Address	101 North Monroe St.
City	Tallahassee
State	FL
Zip	32314
Firstname	Ms. Gayle
Lastname	Swedmark
Brdpositio	Director
Company	
Address	P.O. Box 669
City	Tallahassee
State	FL
Zip	32302
Firstname	Honorable Charles E.
Lastname	Miner
Brdpositio	Director
Company	
Address	200 M.L.K. Blvd.
City	Tallahassee
State	FL
Zip	32399

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Firstname	Mr. William
Lastname	Versiga
Brdpositio	Past-President
Company	Wakulla Bank
Address	Highway 319
City	Crawfordville
State	FL
Zip	32327

Firstname	Mr. William
Lastname	Mitchell
Brdpositio	President
Company	Capital City First National Bank
Address	217 N.Monroe St.
City	Tallahassee
State	FL
Zip	32301

Firstname	Mr. Casey
Lastname	Madigan
Brdpositio	Vice-President
Company	Outdoor Guide Association
Address	P.O. Box 12996
City	Tallahassee
State	FL
Zip	32317

Firstname	Mr. Dick
Lastname	D'Alemberte
Brdpositio	Treasurer
Company	
Address	P.O. Box 66
City	Chattahoochee
State	FL
Zip	32324

Firstname	Mr. Bill
Lastname	Green
Brdpositio	President-Elect
Company	Hopping, Boyd, Green, & Sams
Address	123 S.Calhoun St.
City	Tallahassee
State	FL
Zip	32301

Firstname	Mr. Tom
Lastname	Martineau
Brdpositio	Director
Company	
Address	3476 Valley Creek Drive
City	Tallahassee
State	FL
Zip	32312

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Firstname	Mr. Bob
Lastname	Morgan
Brdpositio	Director
Company	
Address	P.O. Box 669
City	Tallahassee
State	FL
Zip	32346
Firstname	Mr. Booker
Lastname	Moore
Brdpositio	Director
Company	Tallahassee State Bank
Address	P.O. Box 2275
City	Tallahassee
State	FL
Zip	32316
Firstname	Mr. Frank
Lastname	Swerdewski
Brdpositio	Director
Company	
Address	237 John Knox Road
City	Tallahassee
State	FL
Zip	32303
Firstname	Mr. Ralph
Lastname	Turlington
Brdpositio	Director
Company	
Address	2612 Lucerene Drive
City	Tallahassee
State	FL
Zip	32303
Firstname	Mr. Frank
Lastname	Visconti
Brdpositio	Director
Company	Visconti Enterprises
Address	2894-B Remington Green Lane
City	Tallahassee
State	FL
Zip	32308
Firstname	Dr. James
Lastname	Hinson, Jr.
Brdpositio	Ex-Officio
Company	President-TCC
Address	444 Appleyard Drive
City	Tallahassee
State	FL
Zip	32304