2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N94000005480

Entity Name: THE CAPITAL CITY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1602 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7541
TALLAHASSEE, FL 32314 US

New Mailing Address:

FEI Number: 59-3318325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, CHERYL
4620 ST. CROIX LANE, #927
NAPLES, FL 34109 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: D ( ) Delete
Name: HINSON, TERENCE
Address: 1600 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: AKINYEMI, AKIN
Address: 2603 W. THARPE STREET, STE A
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete
Name: GONZALEZ, CHERYL
Address: 4620 ST. CROIX LANE, #927
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: OKWONKO, PETER
Address: 245 S. MAGNOLIA DRIVE, STE E25
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TERENCE R. HINSON D 04/30/2008

Electronic Signature of Signing Officer or Director — Date