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NONPROFIT  
CORPORATION  
ANNUAL REPORT

1997



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

FILED

97 MAY -1 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005333 (8)

1. Corporation Name

CAPITAL CULTURAL CENTER, INC.

Principal Place of Business

Mailing Address

350 S DUVAL ST  
TALLAHASSEE FL 32302

345 S MAGNOLIA DR  
SUITE F-21  
TALLAHASSEE FL 32301-2853

3. Date Incorporated or Qualified  
11/09/1995

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 345 S. Magnolia Dr.

22 City & State

27 Suite B-12  
28 Tallahassee, FL

23 Zip

Country

29 Zip

Country

24 32301

30 USA

4. FEI Number  
59-3342994

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GEEKER, VAN P  
227 S CALHOUN ST  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Permitted)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Secretary  
HINKLE, LEE  
2916 ABBOTSFORD WAY  
TALLAHASSEE FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MOELLER, WILLIAM  
1239 MITCHELL AVE  
TALLAHASSEE FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
NEAL, MARIO  
1201 N MONROE ST  
TALLAHASSEE FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SCHRIEFFER, ANNE  
RT 3 BOX 205  
MONTICELLO FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
RICHARDSON, CURTIS B  
2757 W. PENSACOLA  
TALLAHASSEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
BARBER, GLEN  
3137 MIDDLE BROOKS CIR  
TALLAHASSEE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

President  
Fred W. Baggett  
101 East College Ave.  
Tallahassee, FL 32301

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Thomas L. Rosa, Treasurer  
1203 Governor's Square Blvd.  
Tallahassee, FL 32301

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Vice President  
T. K. Wetherell, Ph. D.  
444 Appleyard Dr.  
Tallahassee, FL 32304

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Director  
Bill Montford  
2757 W. Pensacola  
Tallahassee, FL 32304

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Director  
Jack E. Crow, Ph. D.  
1800 East Paul Direct Dr.  
Tallahassee, FL 32306

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Director  
Deborah Lightsey  
2340 Cypress Cove Dr.  
Tallahassee, FL 32310

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007423

CR2E037 (9/96)