

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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 B-12
TALLAHASSEE FL 32301



3. Date Incorporated or Qualified

11/09/1995

4. FEI Number

59-3342994

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEEKER, VAN P
227 S CALHOUN ST
TALLAHASSEE FL 32301

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 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 ☐ DELETE

NAME \$ HINKLE, LEE
STREET ADDRESS 2916 ABBOTSFORD WAY
CITY-ST-ZIP TALLAHASSEE FL 32312

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D Cusick, Michael D.
1.3 STREET ADDRESS 864 E. Park Ave.
1.4 CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ DELETE

NAME D MOELLER, WILLIAM
STREET ADDRESS 1239 MITCHELL AVE
CITY-ST-ZIP TALLAHASSEE FL 32303

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D Ecenia, Stephen A.
2.3 STREET ADDRESS 215 S. Monroe, Ste. 420
2.4 CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☒ DELETE

NAME D NEAL, MARIO
STREET ADDRESS 1201 N MONROE ST
CITY-ST-ZIP TALLAHASSEE FL 32303

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME T Rosa, Thomas L.
3.3 STREET ADDRESS 3430 Thomasville Rd.
3.4 CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ DELETE

NAME D SCHRIEFFER, ANNE
STREET ADDRESS RT 3 BOX 205
CITY-ST-ZIP MONTICELLO FL 32308

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME P BAGGETT, FRED W
STREET ADDRESS 101 EAST COLLEGE AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32301

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D BARBER, GLEN
STREET ADDRESS 3137 MIDDLE BROOKS CIR
CITY-ST-ZIP TALLAHASSEE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: X

[Signature]

1-15-98

CR2E037 (1097)