FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N95000005456 (7)

1. Corporation Name

CAPITAL CITY COUNTRY CLUB INC.

Principal Place of Business	Mailing Address
1601 GOLF TERRACE DRIVE TALLAHASSEE FL 32301	1601 GOLF TERRACE DRIVE TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 08/09/1957

3a. Date of Last Report: 01/27/1995

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-0781065 ☐ 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

DUFRESNE, JEANNETTE
1601 GOLF TERRACE DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: JEANETTE DUFRESNE
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: Jeanette Dufresne JEANETTE DUFRESNE 1-19-96
(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	DV	☒ DELETE	1.1 TITLE	DV	☐ Change ☒ Addition
NAME	WHITE, DOUGLAS		1.2 NAME	ASH, ALLAN	
STREET ADDRESS	2906 JOYCE DRIVE		1.3 STREET ADDRESS	4012 DUTCHESS CT.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32308	
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCFARLAIN, JANE		2.2 NAME		
STREET ADDRESS	2014 GOLF TERRACE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRIM, RODERICK M		3.2 NAME		
STREET ADDRESS	7675 BUCK LAKE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, RICHARD W		4.2 NAME		
STREET ADDRESS	3214 RUE DE LAFFITTE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: R. M. Brim 1-22-96 904-222-0419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #