02251999-90007-023-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 18 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000436

# DOCUMENT # N95000005456

1. Corporation Name
CAPITAL CITY COUNTRY CLUB INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1601 GOLF TERRACE DRIVE<br>TALLAHASSEE FL 32301 | 1601 GOLF TERRACE DRIVE<br>TALLAHASSEE FL 32301 |

[redacted]

| 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 |

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

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

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
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 1-13-99
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 | T | ☐ Change ☒ Addition |
| NAME | ASH, ALLAN | | 1.2 NAME | MC CALLISTER JR., L. RAY | |
| STREET ADDRESS | 4012 DUTCHESS CT | | 1.3 STREET ADDRESS | P.O. BOX 12705 | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 1.4 CITY-ST-ZIP | TALLAHASSEE FL 32317 | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | MCFARLAIN, JANE | | 2.2 NAME | MC FARLAIN, JANE | |
| STREET ADDRESS | 2014 GOLF TERRACE DR. | | 2.3 STREET ADDRESS | 2014 GOLF TERRACE DR. | |
| CITY-ST-ZIP | TALLLAHASSEE FL 32301 | | 2.4 CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE | P | ☒ DELETE | 3.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | JONES, RICHARD | | 3.2 NAME | SMITH, FRANK | |
| STREET ADDRESS | 3214 RUE LAFFITTE | | 3.3 STREET ADDRESS | 364 REMINGTON RUNWAY | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 3.4 CITY-ST-ZIP | TALLAHASSEE, FL. 32312 | |
| TITLE | VD | ☐ DELETE | 4.1 TITLE | DV | ☒ Change ☐ Addition |
| NAME | GILES, VERLIYN | | 4.2 NAME | GILES, VERLYN | |
| STREET ADDRESS | 815 CIRCLE DRIVE | | 4.3 STREET ADDRESS | 815 CIRCLE DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | | 4.4 CITY-ST-ZIP | TALLAHASSEE FL 32312 | |
| TITLE | SD | ☒ DELETE | 5.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | SMITH, FRANK | | 5.2 NAME | BOTTS, CHERYL | |
| STREET ADDRESS | 364 REMINGTON RUNWAY | | 5.3 STREET ADDRESS | 3325 NOTTINGHAM DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | | 5.4 CITY-ST-ZIP | TALLAHASSEE FL 32312 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | DEAN, ROBERT | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 177 SALEM COURT | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | TALLAHASSEE, FL. 32301 | |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 1-13-99 222-0419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VERLYN GILES, Vice Pres.