

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90012 005 ****61.25

DOCUMENT # N95000005456 1. Entity Name CAPITAL CITY COUNTRY CLUB INC.						
Principal Place of Business 1601 GOLF TERRACE DRIVE TALLAHASSEE FL 32301		Mailing Address 1601 GOLF TERRACE DRIVE TALLAHASSEE FL 32301				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		4. FEI Number 59-0781065		
5. Certificate of Status Desired ☐		Applied For Not Applicable				
6. Name and Address of Current Registered Agent DUFRESNE, JEANNETTE 1601 GOLF TERRACE DRIVE TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE <i>Jeannette Dufresne, Comptroller</i> Signature, typed or printed name of registered agent and title if applicable. DATE 1-26-04						
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State						
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCCALLISTER, L. RAY JR. P.O. BOX 12705 TALLAHASSEE FL 32317		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVEY, JEROME M. 1044 MERRITT DRIVE TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNELL, A.J. JR 1612 GOLF TERRACE DRIVE TALLAHASSEE FL 32301		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMIRE, MARY 3206 BROOK FOREST DRIVE TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GERALD 3010 AVON CIRCLE TALLAHASSEE FL 32312		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DOUGLAS 2906 SOYCE DRIVE TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, DARRELL R 2000 OLD FORT DRIVE TALLAHASSEE FL 32301		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCFARLAIN, JANE 2014 GOLF TERRACE DR TALLAHASSEE FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, ROBERT 177 SALEM COURT TALLAHASSEE FL 32301		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <i>[Signature]</i>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
1-27-04 222-0419						
Date Daytime Phone #						