2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State
02-23-2005 90080 012 ****61.25

DOCUMENT # N95000005456

1. Entity 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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0781065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 Jeanette Dufresne Comptroller JEANETTE DUFRESNE COMPTROLLER 1-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	T MCCALLISTER, L. RAY JR. P.O. BOX 12705 TALLAHASSEE FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCALLISTER, L. RAY JR. P.O. BOX 12705 TALLAHASSEE, FL. 32317	☒ Change ☐ Addition
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 GARVIN, BILL JR. 4042 SAWGRASS CIRCLE TALLAHASSEE, FL. 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, GERALD 3010 AVON CIRCLE TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JOHNSON, GERALD 3010 AVON CIRCLE TALLAHASSEE, FL. 32312	☒ Change ☐ Addition
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	T WILLIAMS, DARRELL R. 2000 OLD FORT DRIVE TALLAHASSEE, FL. 32301	☒ 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	D NOVEY, JEROME M. 1044 MERRITT DRIVE TALLAHASSEE, FL. 32301	☐ 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	D FRASER, J. TOWSON 119 FERNDALE DRIVE TALLAHASSEE, FL 32301	☐ 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: L. Ray McCallister 1-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #