2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 23 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

0102006 REIN-NP CR2E099 (11/05)

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 WAYNE THUMM
Street Address (P.O. Box Number is Not Acceptable)
1601 GOLF TERRACE DR
City TALLAHASSEE, FL 32301
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 Wayne Thumm 10.6.06
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
After January 1, 2007, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	PD MCCALLISTER, L. RAY JR. P.O. BOX 12705 TALLAHASSEE, FL 32317 PRESIDENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300080765383 10/12/06--01011--003 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARVIN, BILL JR 4042 SAWGRASS CIRCLE TALLAHASSEE, FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition TREASURER MICHAEL GRANT 594 FRANK SHAW RD TALLAHASSEE, FL 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ~~SECRETARY~~ JOHNSON, GERALD 3010 AVON CIRCLE TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SECRETARY JOHNSON, GERALD 3010 AVON CIRCLE TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VICE PRESIDENT WILLIAMS, DARRELL R 2000 IKD FORT DRIVE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOARD MEMBER NOVEY, JEROME M 1044 MERRITT DRIVE 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 exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #