

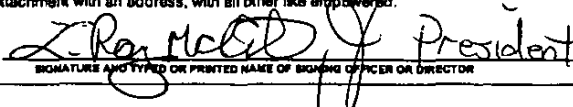
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/10/2007-90004-007-\$61.25-\$61.25

FILED

2007 OCT 10 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #			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 THUMM, WAYNE 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 14, 2007		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	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCCALLISTER, L. RAY JR.		NAME		
STREET ADDRESS	P.O. BOX 12705		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRANT, MICHAEL		NAME		
STREET ADDRESS	594 FRANK SHAW RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	DVS	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	JOHNSON, GERALD		NAME	VICE PRESIDENT	
STREET ADDRESS	3010 AVON CIRCLE		STREET ADDRESS	JOHN OLEWSKI	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		STREET ADDRESS	1114 Savannah Trace	
TITLE	TVP	☒ Delete	TITLE	Secretary	
NAME	WILLIAMS, DARRELL R		NAME	Barkley Wilhite	
STREET ADDRESS	2000 IKD FORT DRIVE		STREET ADDRESS	511 Wilson Avenue	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	DBM	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	NOVEY, JEROME M		NAME		
STREET ADDRESS	1044 MERRITT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

10/11/07