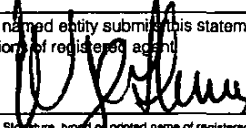
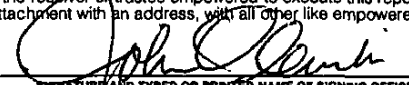


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90035 009 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                     |                                                                                                                          |                                                                                   |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N95000005456</b><br>1. Entity Name<br><b>CAPITAL CITY COUNTRY CLUB INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                                                     |                                                                                                                          |  |                                                                              |
| Principal Place of Business<br><b>1601 GOLF TERRACE DRIVE<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                     | Mailing Address<br><b>1601 GOLF TERRACE DRIVE<br/>TALLAHASSEE, FL 32301</b>                                              |                                                                                   |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                                                                          |                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | City & State                                                                        |                                                                                                                          |                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                  | Zip                                                                                 | Country                                                                                                                  |                                                                                   |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>THUMM, WAYNE<br/>1601 GOLF TERRACE DRIVE<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                     | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                                   |                                                                              |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                     | 4. FEI Number<br><b>59-0781065</b>                                                                                       |                                                                                   |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                     | Applied For<br>Not Applicable                                                                                            |                                                                                   |                                                                              |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                     | DATE                                                                                                                     |                                                                                   |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                          | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |                                                                              |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                     |                                                                                                                          |                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                             |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>MCCALLISTER, L. RAY JR.<br>P.O. BOX 12705<br>TALLAHASSEE, FL 32317 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | DP<br>OLEWSKI, JOHN<br>1114 SAVANNAH TRACE<br>TALLAHASSEE, FL 32312               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>GRANT, MICHAEL<br>594 FRANK SHAW RD.<br>TALLAHASSEE, FL 32312       | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | DT<br>MCCALLISTER, L. RAY JR.<br>P.O. BOX 12705<br>TALLAHASSEE, FL 32317          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DVS<br>JOHNSON, GERALD<br>3010 AVON CIRCLE<br>TALLAHASSEE, FL 32312      | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>OLEWSKI, JOHN<br>1114 SAVANNAH TRACE<br>TALLAHASSEE, FL 32312      | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SS<br>WILHITE, BARKLEY M.<br>511 WILSON AVENUE<br>TALLAHASSEE, FL 32303  | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | DSS<br>WILHITE, BARKLEY M.<br>511 WILSON AVENUE<br>TALLAHASSEE, FL 32308          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                                                                          |                                                                                     |                                                                                                                          |                                                                                   |                                                                              |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                                                     |                                                                                                                          |                                                                                   |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                     |                                                                                                                          |                                                                                   |                                                                              |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                                                     |                                                                                                                          |                                                                                   |                                                                              |
| Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                     |                                                                                                                          |                                                                                   |                                                                              |

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