2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001907

Jul 20, 2006 Secretary of State

Entity Name: CAPITAL CITY CHAMBER OF COMMERCE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 1602 SOUTH MONROE STREET TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 7541 TALLAHASSEE, FL 32314 FEI Number: 59-3318325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, CHERYL GONZALEZ, CHERYL 2731 BLAIR STONE ROAD, #135 4620 ST CROIX LANE #927 TALLAHASSEE, FL 32310 NAPLES, FL 34109 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. SIGNATURE: 07/20/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TELFAIR, EUGENE Name: Name: 1610 MONROE STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: (X) Change () Addition HINSON, TERENCE R Name: HINSON, TERENCE R Name: Address: 1540 S. ADAMS STREET, STE A Address: 1600 SOUTH MONROE City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: (X) Delete Title: () Change () Addition HARRIS, BENJAMIN Name: Name: 300 S. ADAMS STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: () Change () Addition Name: AKMYEMI, AKIN Name: 2603 W. THARPE STREET, STE A Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: (X) Change () Addition GONZALEZ, CHERYL GONZALEZ, CHERYL Name: Name: 2731 BLAIR STONE ROAD 4620 ST CROIX LANE #927 Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: () Change () Addition OKONKWO, PETER Name: Name: Address: 345 S. MAGNOLIA DRIVE, STE E25 Address: TALLAHASSEE, FL 32301 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL GONZALEZ PRES 07/20/2006