

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001907

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CAPITAL CITY CHAMBER OF COMMERCE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1602 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 7541  
TALLAHASSEE, FL 32314

**New Mailing Address:**

**FEI Number:** 59-3318325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, CHERYL  
4620 ST CROIX LANE #927  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

HINSON, TERENCE  
1600 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 US

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: TERENCE R. HINSON

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TELFAIR, EUGENE  
Address: 1610 MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: HINSON, TERENCE R  
Address: 1600 SOUTH MONROE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: AKMYEMI, AKIN  
Address: 2603 W. THARPE STREET, STE A  
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete  
Name: GONZALEZ, CHERYL  
Address: 4620 ST CROIX LANE #927  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: OKONKWO, PETER  
Address: 345 S. MAGNOLIA DRIVE, STE E25  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: PAIGE, WINDELL  
Address: 1725 INDIANTOWN LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TERENCE R. HINSON

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date