# 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 767508** 

Entity Name: CAPITAL CITY BANK GROUP FOUNDATION, INC.

FILED
Sep 29, 2022
Secretary of State
3274714510CC

### **Current Principal Place of Business:**

217 NORTH MONROE ST. TALLAHASSEE. FL 32301

# **Current Mailing Address:**

217 NORTH MONROE ST. TALLAHASSEE, FL 32301 US

FEI Number: 59-2276367 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DAVIS, J. KIMBROUGH 217 NORTH 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: J. KIMBROUGH DAVIS

09/29/2022

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title	CHAIRMAN	Title	SECRETARY
Name	SMITH, WILLIAM G JR.	Name	HALLOCK, BROOKE
Address	217 NORTH MONROE ST.	Address	217 NORTH MONROE ST.
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301

Title TREASURER Title DIRECTOR

Name NICOLA, WHITNEY Name LITTLES, ALMA DR.

Address 217 NORTH MONROE ST. Address FSU COLLEGE OF MEDICINE

City-State-Zip:

TALLAHASSEE FL 32301

Title DIRECTOR \_\_\_\_

Name WAHLEN, JEFF

Address 123 SOUTH CALHOUN STREET Name SMITH, WILLIAM G III

Address 217 NORTH MONROE ST.

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32301

I hereby 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 all other like empowered.

SIGNATURE: BROOKE HALLOCK

Electronic Signature of Signing Officer/Director Detail

SECRETARY

TALLAHASSEE FL 32306

09/29/2022