

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767508

Entity Name: CAPITAL CITY BANK GROUP FOUNDATION, INC.

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, 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name SMITH, WILLIAM GJR.
Address 217 N. MONROE ST.
City-State-Zip: TALLAHASSEE FL 32301

Title PD
Name SMITH, ROBERT H
Address 217 N. MONROE ST.
City-State-Zip: TALLAHASSEE FL 32301

Title SD
Name HALLOCK, BROOKE
Address 217 N. MONROE ST.
City-State-Zip: TALLAHASSEE FL 32301

Title TD
Name JOHNSON, RAY A
Address 217 N. MONROE ST.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name LITTLES, ALMA DR.
Address FSU COLLEGE OF MEDICINE
MC 4300
City-State-Zip: TALLAHASSEE FL 32306

Title DIRECTOR
Name WAHLEN, JEFF
Address 123 SOUTH CALHOUN STREET
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: RAY A. JOHNSON

TD

04/03/2013

Electronic Signature of Signing Officer/Director Detail

Date