2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767508

Entity Name: CAPITAL CITY BANK GROUP FOUNDATION, INC.

FILED Mar 21, 2018 **Secretary of State** CC0921312587

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 03/21/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

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

DIRECTOR Title Title **TREASURER**

Name LITTLES, ALMA DR. Name LARKIN, JEP

Address **FSU COLLEGE OF MEDICINE** Address 217 NORTH MONROE ST.

MC 4300

TALLAHASSEE FL 32301 City-State-Zip: City-State-Zip: TALLAHASSEE FL 32306

Title **DIRECTOR**

Title **DIRECTOR** WAHLEN, JEFF Name Name GEIGER, AMY

123 SOUTH CALHOUN STREET Address 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.

03/21/2018 SIGNATURE: JEP LARKIN **TREASURER**