

**2016 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, 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

03/23/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title TREASURER  
Name LARKIN, JEP  
Address 217 NORTH 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

Title DIRECTOR  
Name GEIGER, AMY  
Address 217 NORTH MONROE ST.  
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:** JEP LARKIN

**TREASURER**

03/23/2016

Electronic Signature of Signing Officer/Director Detail

Date