

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743325

Entity Name: CHIPOLA AREA BOARD OF REALTORS, INC.**Current Principal Place of Business:**4277 LAFAYETTE ST.
MARIANNA, FL 32446**Current Mailing Address:**PO BOX 238
MARIANNA, FL 32447 US**FEI Number:** 59-2147602**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANSON, CHANDRA
4277 LAFAYETTE ST
MARIANNA, FL 32446 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 PRESIDENT
Name LYONS, LAUREN
Address 4325-B LAFAYETTE ST.
City-State-Zip: MARIANNA FL 32446

Title PAST PRESIDENT
Name FURR, PATRICIA
Address 4630 HWY 90
City-State-Zip: MARIANNA FL 32446

Title TREASURER
Name BIRGE, CYNTHIA
Address 871 FALLING WATERS RD
City-State-Zip: CHIPLEY FL 32428

Title PRESIDENT-ELECT
Name SLAY, BETTIE
Address 205 E. NORTH AVENUE
City-State-Zip: BONIFAY FL 32425

Title DIRECTOR
Name HARRISON, CRESH
Address P.O. BOX 728
City-State-Zip: MARIANNA FL 32447

Title DIRECTOR
Name PALMER, JIM
Address 846 5TH ST
City-State-Zip: CHIPLEY FL 32428

Title DIRECTOR
Name HARRIS, SCOTT
Address 4325-B LAFAYETTE ST.
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR
Name O'NEILL, SEAMUS
Address 1014 MAIN ST., SUITE 1
City-State-Zip: CHIPLEY FL 32428

Continues on page 2

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: CHANDRA HANSON**ASSOCIATION
EXECUTIVE****03/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ODOM, BEN
Address 2431 HIGHWAY 71
City-State-Zip: MARIANNA FL 32448

Title DIRECTOR
Name RANEY, WANDA
Address 846 5TH STREET
City-State-Zip: CHIPLEY FL 32428

Title DIRECTOR
Name PANICHELLA, DANA
Address 871 FALLING WATERS RD
City-State-Zip: CHIPLEY FL 32428

Title CEO
Name HANSON, CHANDRA
Address PO BOX 238
City-State-Zip: MARIANNA FL 32447