

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718308

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** CHIPOLA BAPTIST ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

2540 LAKESHORE DR  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

2540 LAKESHORE DR  
MARIANNA, FL 32446 US

**New Mailing Address:**

**FEI Number:** 59-1873807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BEASLEY, COBA J  
2540 LAKESHORE DR  
MARIANNA, FL 32448 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: JARNIGAN, RANDALL  
Address: 6595 LOVEDALE RD  
City-St-Zip: BASCOM, FL 32423

Title: PD ( ) Delete  
Name: JOHNSON, BOB  
Address: 987 8TH AVE  
City-St-Zip: GRACEVILLE, FL 32440

Title: TD ( ) Delete  
Name: FOWLER, RONALD  
Address: 5939 FORT RD  
City-St-Zip: GREENWOOD, FL 32443

Title: D ( ) Delete  
Name: PETTY, MICHAEL  
Address: 2897 GREEN ST  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: SCHINMAN, GARY  
Address: 3011 HUNTER FISHCAMP RD  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: GRIFFIN, BRANDON  
Address: 3006 NEW HOPE RD  
City-St-Zip: MARIANNA, FL 32448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: JOHNSON, BOB  
Address: 1764 CAROLINA ST  
City-St-Zip: ALFORD, FL 32420

Title: PD (X) Change ( ) Addition  
Name: CANADA, STEVE  
Address: 4785 HWY 90  
City-St-Zip: MARIANNA, FL 32446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SAMMONS, DARRELL  
Address: 6296 CEMETERY RD  
City-St-Zip: CYPRESS, FL 32432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: COBA J. BEASLEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR.

05/01/2006

\_\_\_\_\_  
Date