2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# 718308

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 (X)**

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:	CANADA, STEVE	
Address:	4785 HWY 90	
City-St-Zip:	MARIANNA, FL 32446	
Title:	PD	( ) Delete
Name:	SAMMONS, DARRELL	
Address:	PO BOX 70	
City-St-Zip:	CYPRESS, FL 32432	
Title:	TD	( ) Delete
Name:	FOWLER, RONALD	
Address:	5939 FORT RD	
City-St-Zip:	GREENWOOD, FL 32443	
Title:	D	( ) Delete
Name:	GRIFFIN, BRANDON	
Address:	3006 NEW HOPE ROAD	
City-St-Zip:	MARIANNA, FL 32448	
Title:	D	( ) Delete
Name:	SCHINMAN, GARY	
Address:	3011 HUNTER FISHCAMP RD	
City-St-Zip:	MARIANNA, FL 32446	
Title:	D	( ) Delete
Name:	SWAFFORD, JAMES	
Address:	7304 BIRCHWOOD RD	
City-St-Zip:	GRAND RIDGE, FL 32442	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 DIR. 04/08/2008

Electronic Signature of Signing Officer or Director — Date