ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753289 (8)

1. Corporation Name
CHIPOLA JUNIOR COLLEGE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1200 COLLEGE STREET MARIANNA FL 32446	3094 INDIAN CIR MARIANNA FL 32446

3. Date Incorporated or Qualified: 07/09/1980
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2074070 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3094 Indian Circle	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Marianna FL	City & State 28
Zip / Country 24 32446 / 25 Jackson	Zip / Country 29 / 30 Jackson

9. Name and Address of Current Registered Agent

~~EUGENIA JOLLAY~~
3094 INDIAN CIRCLE
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name: FUQUA, JULIE
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	ATTACHED LISTING OF 28 DIRECTORS ☐ Change ☐ Addition
NAME	~~KANDZER, JERRY~~	1.2 NAME	
STREET ADDRESS	~~3094 INDIAN CIRCLE~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MARIANNA FL~~	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	~~FEAGLE, BETTY~~	2.2 NAME	
STREET ADDRESS	~~211 W IOWA AVE~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~BONIFAY FL~~	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MANOR, JUNE	3.2 NAME	
STREET ADDRESS	4650 BALES DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	~~JOHNSON, MILTON~~	4.2 NAME	
STREET ADDRESS	~~3094 INDIAN CIR~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~MARIANNA FL~~	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, DR. MIRIAM	5.2 NAME	
STREET ADDRESS	3094 INDIAN CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JONES, BOB	6.2 NAME	
STREET ADDRESS	RT 4 BOX 155	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie A. Fuqua 4/24/95 (904) 526-2761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Julie A. Fuqua — Date — Daytime Phone #

600010