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Apr 09 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753289 (8)**

1. Corporation Name

**CHIPOLA JUNIOR COLLEGE FOUNDATION, INC.**



Principal Place of Business	Mailing Address
3094 INDIAN CIRCLE MARIANNA FL 32446 US	3094 INDIAN CIR MARIANNA FL 32446-1701

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified <b>07/09/1980</b>	3a. Date of Last Report <b>03/11/1996</b>
4. FEI Number <b>59-2074070</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>FUQUA, JULIE</b> <b>3094 INDIAN CIRCLE</b> <b>MARIANNA FL 32446</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D O'DANIEL DALE</b>
STREET ADDRESS	<b>3094 INDIAN CIRCLE</b>
CITY-ST-ZIP	<b>MARIANNA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CRAVEN, VIRGINIA</b>
STREET ADDRESS	<b>300 HWY 280</b>
CITY-ST-ZIP	<b>CHIPLEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MANOR, JUNE</b>
STREET ADDRESS	<b>4850 BALES DR</b>
CITY-ST-ZIP	<b>MARIANNA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SHULER, GARY</b>
STREET ADDRESS	<b>HWY 71 NORTH</b>
CITY-ST-ZIP	<b>BLOUNTSTOWN FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D BAILEY, DR. MIRIAM</b>
STREET ADDRESS	<b>3094 INDIAN CIR</b>
CITY-ST-ZIP	<b>MARIANNA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D HARRELL, MAXWELL</b>
STREET ADDRESS	<b>BAY POINT BOX 27450</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

*Julie A. Fuqua*

CR2E037 (9/96)

Dr. Dale O'Daniel  
Chipola Junior College  
3094 Indian Circle  
Marianna, FL 32446

Virginia Craven  
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Graceville, FL 32440

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Marianna, FL 32448

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3011 Watson Drive  
Marianna, FL 32446

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CRSO  
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Westville, FL 32464

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Blountstown High School  
614 N. Main Street  
Blountstown, FL 32424

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4650 Bales Drive  
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