Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 753289 65

1. Corporation Name

CHIPOLA JUNIOR COLLEGE FOUNDATION, INC.

Principal Place of Business 3094 INDIAN CIRCLE MARIANNA FL 32446

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2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address.

3094 INDIAN CIR MARIANNA FL 32446

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90234 022 ****61.25

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3. Date Incorporated or Qualifed

07/09/1980

4. FEI Number 59-2074070

City & Stat	9	City & State			5. Certifcate of Status Desir	ed 🗌	\$8.75 A	
23		28	Country					
Zip .	Country	Zip	Country		Election Campaign Finan Trust Fund Contribution	cing 🗆	\$5.00 i Added to	
24	25 29 30 9. Name and Address of Current Registered Agent		0]		10. Name and Address of I	lew Register		,, 003
	9. Name and Address of Current	vedistelen våelit	81	Name	Tallie did year at a		= 	
FUQUA, JULIE			82	Street	Address (P.O. Box Number is Not A	ceptable)		1
3094 INDIAN CIRCLE								
MARIANN	A FL 32446		83					
•		•	84	City		-	85 Zip C	ode
44 5	to the provisions of Sections 617.0502	and 647 1509 Florida Statutes	the above	a-named	comoration submits this statement for	or the numose	of changing its	registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such chande was aut	nonzeo dv	the corpo	pration's board of directors. I hereby	accept the ap	pointment as reg	istered
SIGNATURE	1777							
Signature, typed or printed name of registered agent and tree if applicable. (NOTE: Registered Agent Stylisture Fedure with Institute Fedure William Institute Fedure Willi								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES I	OFFICERS	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE 1.2 NAME		SEE ATTACHED LISTII	NG OF	CT change	
NAME	O'DANIEL DALE	ATTLE DALL		_	D1RECTORS			
STREET ADDRESS	3094 INDIAN CIRCLE		1	FADDRESS				
CITY-ST-ZIP	MARIANNA FL	VVpcuere	1.4 CITY-S	T-ZIP		_	☐ Change	Addition
TITLE	Dr	XXDELETE	2.1 TITLE				ET ouruge	
NAME	CRAVEN, VIRGINIA		2.2 NAME				•	
STREET ADDRESS	PO BOX 800 N/A		2.3 STREE	FADDRESS				
- CITY-ST-ZIP	CHIPLEY FL		2.4 CITY-S	T-ZIP		_ -	Change	Addition
TITLE	_		3.1 TITLE				□ Citange	
NAME	MANOR; JUNE ,		3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP	MARIANNA FL		3.4. CITY-5	T-ZIP			Charac	☐ Addition
TILLE	D	☐ DELETE	4.1 TITLE				☐ Change	T WOODON !
NAME	GIOLLII, GAIII		4, 2 NAME					j
STREET ADDRESS	HWY 71 NORTH	•	4.3 STREE	TADDRESS			•	
CITY-ST-ZIP	BLOUNTSTOWN FL		4.4 CITY-S	T-ZIP				FT Addison
TITLE	D	☐ DELETE	5.1 TITLE				Change .	☐ Addition
NAME	RAMSEY, SUE		5.2 NAME					
STREET ADDRESS	r		1	T ADDRESS				
CITY-ST-ZIP	BLOUNTSTOWN FL		5.4 CITY+S	T-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE				. ☐ Change	Addition
NAME	JEAN CRAWFORD, CAROL	•	6.2 NAME					
STREET ADDRESS	4880 DONNA DRIVE		6.3 STREE	TADORESS				
CITY-ST-ZIP	MARIANNA FL		6.4 CITY-S					اا
14 I haraby	certify that the information supplied with	this filing does not qualify for t	he exempt	ion state	d in Section 119.07(3)(i), Florida Stat	utes. I further	certify that the in	normation

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/13/99

(850) 718-2478

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Terry Stone 425 E. Central Room 112 Blountown, FL 32424

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Karin Dunn N/A Chipley, FL 32428

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Sue Ramsey 513 W. Hentz Avenue Blountstown, FL 32424

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Harry B. Bell, III Bank of Bonifay 224 Waukesha Bonifay, FL 32425