2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2001 8:00 am Secretary of State D@@UMENT # 753289 1. Entity Name CHIPOLA JUNIOR COLLEGE FOUNDATION, INC. 04-12-2001 90184 040 ****61.25 Principal Place of Business Mailing Address 3094 INDIAN CIRCLE 3094 INDIAN CIR nanaaaafa MARIANNA FL 32446 MARIANNA FL 32446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEL Number 59-2074070 Not Applicable . Zip Country ----Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FUQUA, JULIE 3094 INDIAN CIRCLE MARIANNA FL 32446 Zip Code 8. 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. April 9, 2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE FUQUA, JULIE NAME NAME 3049 INDIAN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 ☐ Change Addition Delete TITLE TITLE MANOR, JUNE NAME NAME STREET ADDRESS 4650 BALES DR -----STREET ADDRESS CITY-ST-ZIP MARIANNA FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME JEAN CRAWFORD, CAROL NAME STREET ADDRESS 4880 DONNA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Marianna Fl TITLE SEE ATTACHED LISTING OF ☐ Delete TITLE Change ☐ Addition NAME NAME DIRECTORS & OFFICERS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an hment with an address,

SIGNATURE

4/9/01

Date

(850)718-2478

Daytime Phone #

Dr. Dale O'Daniel Chipota Junior College 3094 Indian Circle Marianna, FL 32446 CHIPOLA JUNIOR COLLEGE DIRECTORS AND OFFICERS 2001

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Hentz McClellan 119 River Street Blountstown, FL 32424

Öle Ellis 1297 Fairway Drive Chipley, FL 32428

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