2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# 753289

Entity Name: CHIPOLA COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

3094 INDIAN CIRCLE
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

3094 INDIAN CIRCLE
MARIANNA, FL 32446 US

New Mailing Address:

FEI Number: 59-2074070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUQUA, JULIE
3094 INDIAN CIRCLE
MARIANNA, FL 32446 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: D
Name: PROUGH, GENE DR
Address: 3094 INDIAN CIR
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: ROBERTS, RUSSELL S
Address: 3078 WATSON DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: JEAN CRAWFORD, CAROL
Address: 4880 DONNA DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: CRAVEN, BRYAN
Address: 3094 INDIAN CIRCLE
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: GRANBERRY, CHEPHUS
Address: 3562 SYLVANIA PLANTATION RD
City-St-Zip: GREENWOOD, FL 32443

Title: P
Name: WIMBERLY, REX
Address: 4421 SPRING VALLEY DR
City-St-Zip: MARIANNA, FL 32446

I hereby 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 all other like empowered.

SIGNATURE: JULIE A FUQUA EX D 01/05/2011

Electronic Signature of Signing Officer or Director Date