


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000315

1. Entity Name
 CHIPOLA COMMUNITY CONFERENCE CENTER, INC.



Principal Place of Business
 4450 LAFAYETTE ST
 MARIANNA, FL 32447

Mailing Address
 P O BOX 1508
 MARIANNA, FL 32447

DO NOT WRITE IN THIS SPACE



02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 11-3680724

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FUQUA, H MATTHEW
 4450 LAFAYETTE ST
 MARIANNA, FL 32447

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000077367
 03/05/04-800339-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUQUA, JONATHAN R 2480 HWY 71 SOUTH MARIANNA, FL 32748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMERICH, SUSAN 2925 W MANOR DR MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANSON, JUANITA 3224 CAVERNS ROAD MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, HOWARD P O BOX 971 MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ENOCH 2481 BUMPNOSE ROAD MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURLESON, JULI 3047 5TH STREET MARIANNA, FL 32446

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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 attachment with an address, with all other like empowers.

SIGNATURE: Jonathan R Fuqua Date: 4-3-2004 880-526-3873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #