


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	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FUQUA, H MATTHEW
4450 LAFAYETTE ST
MARIANNA, FL 32447

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE: *Jonathan R Fuqua* **4-3-2004** **880-526-3873**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #