

2005 NOT-FOR-PROFIT CORP ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90034 032 ****61.25

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252005

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

7. Name and Address of New Registered Agent

**FUQUA, H MATTHEW
4450 LAFAYETTE ST
MARIANNA, FL 32447**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FUQUA, JONATHAN R
STREET ADDRESS 2480 HWY 71 SOUTH
CITY - ST - ZIP MARIANNA, FL 32748

TITLE VD ☐ Delete
NAME EMERICH, SUSAN
STREET ADDRESS 2925 W MANOR DR
CITY - ST - ZIP MARIANNA, FL 32446

TITLE SD ☒ Delete
NAME SANSON, JUANITA
STREET ADDRESS 3224 CAVERNS ROAD
CITY - ST - ZIP MARIANNA, FL 32446

TITLE TD ☐ Delete
NAME SMITH, HOWARD
STREET ADDRESS P O BOX 971
CITY - ST - ZIP MARIANNA, FL

TITLE D ☐ Delete
NAME WILLIAMS, ENOCH
STREET ADDRESS 2481 BUMPNOSE ROAD
CITY - ST - ZIP MARIANNA, FL 32446

TITLE D ☒ Delete
NAME BURLESON, JULI
STREET ADDRESS 3047 5TH STREET
CITY - ST - ZIP MARIANNA, FL 32446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-05 850-482-4724