2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N02000000315

Entity Name: CHIPOLA COMMUNITY CONFERENCE CENTER, INC.

Current Principal Place of Business:

4428 LAFAYETTE ST
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

PO BOX 773
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 11-3680724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FUQUA, H MATTHEW
4450 LAFAYETTE ST
MARIANNA, FL 32447 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: VD ( ) Delete
Name: FUQUA, JONATHAN R
Address: 2480 HWY 71 SOUTH
City-St-Zip: MARIANNA, FL 32748

Title: PD ( ) Delete
Name: EMERICH, SUSAN
Address: 2925 W MANOR DR
City-St-Zip: MARIANNA, FL 32446

Title: SD ( ) Delete
Name: SANSON, JUANITA
Address: 3224 CAVERNS ROAD
City-St-Zip: MARIANNA, FL 32446

Title: TD ( ) Delete
Name: SMITH, HOWARD
Address: P O BOX 971
City-St-Zip: MARIANNA, FL

Title: D ( ) Delete
Name: WILLIAMS, ENOCH
Address: 2481 BUMPNOSE ROAD
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: EMRICH, SUSAN
Address: 2925 W MANOR DR
City-St-Zip: MARIANNA, FL 32446

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN B. EMRICH PD 05/01/2008

Electronic Signature of Signing Officer or Director — Date