## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000315

FILED Apr 28, 2009 Secretary of State

Entity Name: CHIPOLA COMMUNITY CONFERENCE CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4428 LAFAYETTE ST 2480 HWY 71

MARIANNA, FL 32446 MARIANNA, FL 32446

**Current Mailing Address: New Mailing Address:** 

PO BOX 773

MARIANNA, FL 32447

FEI Number: 11-3680724 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FUQUA, H MATTHEW 4450 LAFAYETTE ST

MARIANNA, FL 32447 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete FUQUA, JONATHAN R FUQUA, JONATHAN R Name: Name: Address:

2480 HWY 71 SOUTH Address: 2480 HWY 71 SOUTH City-St-Zip: MARIANNA, FL 32748 City-St-Zip: MARIANNA, FL 32748

Title: PD () Delete Title: SD (X) Change ( ) Addition EMRICH, SUSAN Name: SANSON, JUANITA Name:

Address: 2925 W MANOR DR Address: 3224 CAVERNS RD City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32446

Title: () Delete Title: (X) Change ( ) Addition SANSON, JUANITA SMITH, HOWARD Name: Name:

3224 CAVERNS ROAD Address: Address: PO BOX 971 City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32447

Title: TD ( ) Delete Title: (X) Change ( ) Addition

Name: SMITH, HOWARD Name: WILLIAMS, ENOCH Address: P O BOX 971 Address: 2481 BUMPNOSE RD City-St-Zip: MARIANNA, FL City-St-Zip: MARIANNA, FL 32446

Title: (X) Delete Title: () Change () Addition

WILLIAMS, ENOCH Name: Name: 2481 BUMPNOSE ROAD Address: Address: City-St-Zip: MARIANNA, FL 32446 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: JONATHAN R. FUQUA PD 04/28/2009