

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000315

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** CHIPOLA COMMUNITY CONFERENCE CENTER, INC.

**Current Principal Place of Business:**

2480 HWY 71  
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 ( )**

**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:** PD  
**Name:** FUQUA, JONATHAN R  
**Address:** 2480 HWY 71 SOUTH  
**City-St-Zip:** MARIANNA, FL 32748

**Title:** SD  
**Name:** SANSON, JUANITA  
**Address:** 3224 CAVERNS RD  
**City-St-Zip:** MARIANNA, FL 32446

**Title:** TD  
**Name:** SMITH, HOWARD  
**Address:** PO BOX 971  
**City-St-Zip:** MARIANNA, FL 32447

**Title:** D  
**Name:** WILLIAMS, ENOCH  
**Address:** 2481 BUMPNOSE RD  
**City-St-Zip:** MARIANNA, FL 32446

I hereby 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 all other like empowered.

**SIGNATURE:** JONATHAN R. FUQUA

PD

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date