

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004357

FILED
Jan 10, 2005
Secretary of State

Entity Name: THE CHAUTAUQUA HALL OF BROTHERHOOD FOUNDATION, INC.

Current Principal Place of Business:

NO. 95, CIRCLE DRIVE
DE FUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1
DE FUNIAK SPRINGS, FL 323450001

New Mailing Address:

FEI Number: 54-2112528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, DAVID LUTHER
1415 LEMHURST ROAD
PENSACOLA, FL 32507 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: D/P () Delete
Name: MCLEON, ROY
Address: 193 FLORENCE STREET
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

Title: D/VP () Delete
Name: WILHARM, SHARON
Address: 34 EAST MAIN AVENUE
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

Title: D/S () Delete
Name: HINSON, MARIE
Address: 162 SOUTH 11TH STREET
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

Title: D/T () Delete
Name: ROBINSON, CRAIG S
Address: 40 MINNESOTA STREET
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

Title: D (X) Delete
Name: ANSLEY, KATHLEEN
Address: 1605 PERRY SMITH ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: D (X) Delete
Name: ARRANT, JEAN
Address: POST OFFICE BOX 233
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: MCLEOD, ROY
Address: 193 FLORENCE STREET
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

Title: D/VP (X) Change () Addition
Name: LITTLE, KEN
Address: 38 S 8TH ST
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

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

Title: D/T (X) Change () Addition
Name: ROBINSON, CRAIG S
Address: 38 S 8TH ST
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

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 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 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: CRAIG S ROBINSON, CPA

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01/10/2005

Electronic Signature of Signing Officer or Director

Date