


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90103 003 ****61.25

DOCUMENT # N03000004357					
1. Entity Name THE CHAUTAUQUA HALL OF BROTHERHOOD FOUNDATION, INC.					
Principal Place of Business NO. 95, CIRCLE DRIVE DE FUNIAK SPRINGS, FL 32433			Mailing Address POST OFFICE BOX 1 DE FUNIAK SPRINGS, FL 32345-0001		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2112528	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, DAVID LUTHER 1415 LEMHURST ROAD PENSACOLA, FL 32507			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE D/P NAME MCLEOD, ROY STREET ADDRESS 193 FLORENCE STREET CITY-ST-ZIP DE FUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete				
TITLE DVP NAME LITTLE, KEN STREET ADDRESS 38 S 8TH ST CITY-ST-ZIP DE FUNIAK SPRINGS, FL 32435	<input checked="" type="checkbox"/> Delete				
TITLE D/S NAME HINSON, MARIE STREET ADDRESS 162 SOUTH 11TH STREET CITY-ST-ZIP DE FUNIAK SPRINGS, FL 32435	<input checked="" type="checkbox"/> Delete				
TITLE D/T NAME ROBINSON, CRAIG S STREET ADDRESS 38 S 8TH ST CITY-ST-ZIP DE FUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Craig S. Robinson</i>				5-1-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
Daytime Phone #				Daytime Phone #	