

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004357

FILED  
Jul 04, 2007  
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 ( )**  
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:**

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

WOODWARD, DAVID LUTHER  
1415 LEMHURST ROAD  
PENSACOLA, FL 32507      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:**

Title: DS      ( ) Delete  
Name: MCLEOD, ROY  
Address: 193 FLORENCE STREET  
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

Title: DT      ( ) Delete  
Name: MCLEOD, VONCILLE  
Address: 193 FLORENCE ST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

Title: DP      ( ) Delete  
Name: WRIGHT, KERMIT  
Address: 615 LAKEVIEW DR  
City-St-Zip: GREENWOOD, FL 32443

Title: DVP      ( ) Delete  
Name: HUFFMAN, PARTICIA  
Address: 473 SNOREWOOD DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CRAIG S ROBINSON

D/T

07/04/2007

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

\_\_\_\_\_  
Date