

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005082

FILED
Apr 17, 2009
Secretary of State

Entity Name: CHIPOLA AREA GATORS, INC.

Current Principal Place of Business:

4450 LAFAYETTE ST
MARIANNA, FL

New Principal Place of Business:

4450 LAFAYETTE ST
MARIANNA, FL 32446

Current Mailing Address:

5135 9TH AVENUE
MALONE, FL 32445

New Mailing Address:

FEI Number: 56-2432422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUQUA, H. MATTHEW ESQ.
4450 LAFAYETTE ST
MARIANNA, FL 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: S () Delete
Name: JAMES, CINDY
Address: 4558 RED OAK TRACE
City-St-Zip: MARIANNA, FL 32446

Title: T () Delete
Name: ROGERS, DONNA
Address: 5135 9TH AVENUE
City-St-Zip: MALONE, FL 32445

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR () Change (X) Addition
Name: BROWN, CHARLES JR
Address: 3300 BEVIA ROAD
City-St-Zip: MARIANNA, FL 32446

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: DONNA ROGERS

TREA

04/17/2009

Electronic Signature of Signing Officer or Director

Date