2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N07000003565

Entity Name: FLORIDA CHAUTAUQUA ASSEMBLY, INC.

Current Principal Place of Business:

38 S 8TH STREET
DE FUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

P O BOX 1
DE FUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 20-8795799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, CRAIG S CPA
38 S 8TH STREET
DE FUNIAK SPIRNGS, FL 32435 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: PRES ( ) Delete
Name: ROBINSON, ANN S
Address: 702 CIRCLE DRIVE
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

Title: VP ( ) Delete
Name: PUCKETT, CAROL
Address: 629 JACKSON ST SE
City-St-Zip: DECATUR, AL 35601

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

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

Title: VOLC ( ) Change (X) Addition
Name: HINSON, MARIE G
Address: 162 SOUTH 11TH STREET
City-St-Zip: DE FUNIAK SPRINGS, FL 32435 US

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: ANN S ROBINSON P 04/07/2009

Electronic Signature of Signing Officer or Director — Date