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Apr 25, 1999 8:00 am
Secretary of State

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04-25-1999 90014 020 *****8.75

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17813

1. Corporation Name

CHIPOLA COMMUNITY CHURCH, INC.

Principal Place of Business

PO BOX 184
 ALTHA FL 32421
 US

Mailing Address

PO BOX 184
 ALTHA FL 32421
 US



2. Principal Place of Business

21 **CHIPOLA COMMUNITY CHURCH**

Suite, Apt. #, etc.

22 **JIM GODWIN RD RT 2 BOX 214**

City & State

23 **ALTHA FLORIDA**

Zip

24 **32421**

Country

25 **FLORIDA**

2a. Mailing Address

26 **LUCILLE GODWIN**

Suite, Apt. #, etc.

27 **ROUTE 2 BOX 214**

City & State

28 **ALTHA FLORIDA**

Zip

29 **32421**

Country

30 **FLORIDA**

3. Date Incorporated or Qualified

11/17/1986

4. FEI Number

59-6205643

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

MARKS, BOB
MAIN STREET
ALTHA FL 32421

10. Name and Address of New Registered Agent

81 Name

LUCILLE GODWIN

82 Street Address (P.O. Box Number is Not Acceptable)

JIM GODWIN ROAD

83

RT 2 BOX 214

84 City

ALTHA

FL

85 Zip Code

32421

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Lucille Godwin**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
 NAME **MARKS, BOB**
 STREET ADDRESS **P. O. BOX 184 N/A**
 CITY-ST-ZIP **ALTHA FL**

TITLE **VD** ☐ DELETE
 NAME **MARKS, NANCY**
 STREET ADDRESS **P. O. BOX 184 N/A**
 CITY-ST-ZIP **ALTHA FL**

TITLE **STD** ☐ DELETE
 NAME **GODWIN, LUCILLE**
 STREET ADDRESS **RT 2 BOX 214**
 CITY-ST-ZIP **ALTHA FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

PST LUCILLE GODWIN
RT 2 BOX 214
ALTHA, FL 32421

☒ Change ☐ Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

VD JOHNNY GODWIN
RT 2
ALTHA, FL 32421

☐ Change ☒ Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

HD HUBERT MALOY
ALTHA, FL 32421

☐ Change ☒ Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lucille Godwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99 (850) 674-1230

Date

Daytime Phone #

CR2E037 (11/98)