

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43300 (5)**

1. Corporation Name

CHIPOLA HISTORICAL TRUST, INCORPORATED



Principal Place of Business

Mailing Address

PO BOX 1528
MARIANNA FL 32446
US

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MARIANNA FL 32446
US

3. Date Incorporated or Qualified
05/08/1991

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-2372437

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRISP, BOB
2863 JEFFERSON ST
MARIANNA FL 32447**

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D BASS, RICHARD K.**
STREET ADDRESS **PO BOX 291 NA**
CITY-ST-ZIP **GREENWOOD FL**

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

TITLE DELETE
NAME **D MANOR, JUNE G.**
STREET ADDRESS **4650 BALES DRIVE**
CITY-ST-ZIP **MARIANNA FL**

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

TITLE DELETE
NAME **D REESE, CLAUDE**
STREET ADDRESS **PO BOX 166 NA**
CITY-ST-ZIP **GREENWOOD FL**

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

TITLE DELETE
NAME **D HAND, BETTY JOYCE**
STREET ADDRESS **4334 2ND AVE**
CITY-ST-ZIP **MARIANNA FL**

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

TITLE DELETE
NAME **D GREGG, BARBARA**
STREET ADDRESS **4614 BALES DR**
CITY-ST-ZIP **MARIANNA FL**

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *June G. Manor* June G. Manor 4/6/96 (904)526-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (12/95)