

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N43300

1. Entity Name

CHIPOLA HISTORICAL TRUST, INCORPORATED



Principal Place of Business

2305 FILLMORE DRIVE
MARIANNA FL 32448
US

Mailing Address

2305 FILLMORE DR
MARIANNA FL 32448
US



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2372437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRISP, PATRICIA M
2305 FILLMORE DR
MARIANNA FL 32448

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
CRISP, PATRICIA M
2305 FILLMORE DR
MARIANNA FL 32448

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
REESE, CLAUDE
4133 BRYAN ST
GREENWOOD FL 32443

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BANFORD, DAN
3252 FISH HATCHERY RD
MARIANNA FL 32446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
CRAWFORD, CAROL J
4800 DONNA DR
MARIANNA FL 32447

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CRAWFORD, BETTY
4454 PUTNAM ST
MARIANNA FL 32446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

UG00000219966
02/08/05-80048-013 61.25

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *PATRICIA M. CRISP, TREAS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/05 (888) 612-5276