2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N43300

Entity Name: CHIPOLA HISTORICAL TRUST, INCORPORATED

Current Principal Place of Business:

2305 FILLMORE DRIVE
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

2305 FILLMORE DR
MARIANNA, FL 32448 US

New Mailing Address:

FEI Number: 59-3147484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRISP, PATRICIA M
2305 FILLMORE DR
MARIANNA, FL 32448 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: TD ( ) Delete
Name: CRISP, PATRICIA M
Address: 2305 FILLMORE DR
City-St-Zip: MARIANNA, FL 32448

Title: PD ( ) Delete
Name: REESE, CLAUDE,
Address: 4133 BRYAN ST
City-St-Zip: GREENWOOD, FL 32443

Title: D ( ) Delete
Name: BANFORD, DAN
Address: 3252 FISH HATCHERY RD
City-St-Zip: MARIANNA, FL 32446

Title: SD ( ) Delete
Name: CRAWFORD, CAROL J
Address: 4800 DONNA DR
City-St-Zip: MARIANNA, FL 32447

Title: D ( ) Delete
Name: CRAWFORD, BETTY
Address: 4454 PUTNAM ST
City-St-Zip: MARIANNA, FL 32446

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

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

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: PATRICIA M. CRISP TREA 02/19/2009
Electronic Signature of Signing Officer or Director Date