

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43300

FILED
Apr 09, 2011
Secretary of State

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: PD
Name: CRISP, PATRICIA M
Address: 2305 FILLMORE DR
City-St-Zip: MARIANNA, FL 32448 US

Title: D
Name: WILBANKIS, HARVEY
Address: 4371 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446 US

Title: D
Name: CLAY, ROGER
Address: 4073 ENGLISH ROAD
City-St-Zip: MARIANNA, FL 32448 US

Title: D
Name: CRAWFORD, CAROL J
Address: 4800 DONNA DR
City-St-Zip: MARIANNA, FL 32447 US

Title: PRES
Name: CRISP, PATRICIA M
Address: 2305 FILLMORE DR
City-St-Zip: MARIANNA, 06 32448-581 US

Title: PRES
Name: CRISP, PATRICIA M
Address: 2305 FILLMORE DR
City-St-Zip: MARIANNA, 06 32448-581 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA M. CRISP

PRES

04/09/2011

Electronic Signature of Signing Officer or Director

Date