

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003081

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** CHIPOLA RAINBOW HOMEBUILDERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2880 ORANGE ST UNIT B  
MARIANNA, FL 32448 US

**New Principal Place of Business:**

**Current Mailing Address:**

2880 ORANGE ST. UNIT B  
MARIANNA, FL 32448 US

**New Mailing Address:**

**FEI Number:** 59-3267421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRYANT, ELMORE  
2814 ORANGE STREET  
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: D ( ) Delete  
Name: BRYANT, ELMORE  
Address: 2814 ORANGE ST.  
City-St-Zip: MARIANNA, FL 32448

Title: T ( ) Delete  
Name: CASTLEBERRY, MICHAEL  
Address: 2810 STUART ST  
City-St-Zip: MARIANNA, FL 32448

Title: P ( ) Delete  
Name: TENSLEY, LESTER  
Address: 4387 KELLY AVENUE  
City-St-Zip: MARIANNA, FL 32446

Title: S ( ) Delete  
Name: HAMPTON, THAISE  
Address: 106 FAIRVIEW ROAD  
City-St-Zip: MARIANNA, FL 32448

Title: ST ( ) Delete  
Name: YOUNG, MARY  
Address: 4253 ELM STREET  
City-St-Zip: MARIANNA, FL 32448

**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: S (X) Change ( ) Addition  
Name: HAMILTON, LEA  
Address: 4258 ELM STREET  
City-St-Zip: MARIANNA, FL 32448

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: ELMORE BRYANT

EX/D

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date