2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State
01-19-2005 90004 038 ****61.25

DOCUMENT # N99000007399

1. Entity Name
CHAUTAUQUA CYBER CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 251 DEFUNIAK SPRINGS, FL 32435	P.O. BOX 251 DEFUNIAK SPRINGS, FL 32435

500003336

01072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
CREAMER, MARY MARIEA 79 BSIHOP LANE DEFUNIAK SPRINGS, FL 32433	Name: Jordan B. Millard Street Address (P.O. Box Number is Not Acceptable): 59 Bay Ave. City: DeFuniak Springs FL Zip Code: 32435

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: Jordan B. Hillard — Jan 18, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAYLOR, RUTH 1 PROVERTY LANE DEFUNIAK SPRINGS, FL 32433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hillard, Jordan B. 59 Bay Ave. DeFuniak Springs, FL 32435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIPSON, TOMMIE 1963 JUNIPER LAKE RD DEFUNIAK SPRINGS, FL 32433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD King, Robert W 793 Jim Lee Rd. DeFuniak Springs FL 32433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, ROBERT 101 NICOLE LANE PONCE DE LEON, FL 32455	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD mccaskill, Alternese 4986 S. Highway 81 Ponce de Leon, FL 32455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEINBERG, LORRAINE 249 COUNTRY MANOR ROAD DEFUNIAK SPRINGS, FL 324356029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Rose, Mary G. 1141 Red Hill Rd Ponce de Leon, FL 32455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HILLARD, JORDAN B 59 BAY AVE DE FUNIAK SPRINGS, FL 324352816	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hollingsworth, Ernest 236 Rose Lane DeFuniak Springs, FL 32433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CREAMER, MARIEA 79 BICHOP LANE DEFUNIAK, FL 32435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jordan B. Hillard — Jan 18, 2005 — 850 892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #