## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # N99000007399** 02-20-2006 90024 050 \*\*\*\*61.25 CHAUTAUQUA CYBER CLUB, INC. Principal Place of Business Mailing Address P.O. BOX 251 P.O. BOX 251 DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL. 32435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable. Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORDAN B. HILLARD CREAMER, MARY MARIEA Street Address (P.O. Box Number is Not Acceptable) 79 BSIHOP LANE DEFUNIAK SPRINGS, FL 32433 59 BAY AVE CHYDEFUNIAL SPRINGS FL 32435-821 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 2-16-06 DATE JORDAN B. HILLARD SIGNATURE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Deleta TITLE Change HILLARD, JORDAN B NAME NAME 59 BAY AVE STREET ADDRESS STREET ADDRESS DEFUNIAK SPRINGS, FL 32435 CITY-ST-ZIP CITY-ST-71P Delete 3428 W. Huy 90 TITLE TITLE ☐ Change Addition NAME KING, ROBERT W NAME STREET ADDRESS 79 JIM LEE RD STREET ADDRESS **DEFUNIAK SPRINGS, FL 32433** CITY-ST-ZIP CITY-ST-71P TITLE, Delete MCCASKILL, ALTERNESE MAME NAME 4986 S. HWY 81 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONCE DE LEON, FL 32455 CITY-ST-ZIP TD TOD F TITLE Detete NAME RUSS, MARY G NAME STREET ADDRESS 1141 RED HILL RD STREET ADDRESS PONCE DE LEON, FL 32455 CITY-ST-702 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change HOLLINGSWORTH, ERNEST NAME 236 ROSE LANE STREET ADDRESS STREET ADDRESS DEFUNIAK SPRINGS, FL 32433 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attagriment with an address, with all other like empowered.

JORDAN B. H. LLARD 2-16-06 850-892-345

FILED

Feb 20, 2006 8:00 am