

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007399

FILED  
Jan 27, 2007  
Secretary of State

Entity Name: CHAUTAUQUA CYBER CLUB, INC.

## Current Principal Place of Business:

P.O. BOX 251  
DEFUNIAK SPRINGS, FL 32435

## New Principal Place of Business:

908 HWY 90 W.  
DEFUNIAK SPRINGS, FL 32435

## Current Mailing Address:

P.O. BOX 251  
DEFUNIAK SPRINGS, FL 32435

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILLARD, JORDAN B  
59 BAY AVE  
DEFUNIAK SPRINGS, FL 324358217 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 ( ) Delete  
Name: HILLARD, JORDAN B  
Address: 59 BAY AVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VPD ( ) Delete  
Name: CORBIN, GARTH  
Address: 3428 W HWY 90  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: SD ( ) Delete  
Name: ROSS, BESSIE  
Address: 267 S 11TH ST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TD ( ) Delete  
Name: RUSS, MARY G  
Address: 1141 RED HILL RD  
City-St-Zip: PONCE DE LEON, FL 32455

Title: D ( ) Delete  
Name: HOLLINGSWORTH, ERNEST  
Address: 236 ROSE LANE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: HILLARD, JORDAN B  
Address: 59 BAY AVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP/D (X) Change ( ) Addition  
Name: RUSS, CHIP  
Address: 1141 RED HILL RD.  
City-St-Zip: PONCE DE LEON, FL 32455

Title: S/D (X) Change ( ) Addition  
Name: NORMAN, ESTELLE  
Address: 22378 HWY 331N  
City-St-Zip: PAXTON, FL 32435

Title: T/D (X) Change ( ) Addition  
Name: CONNOR, ROBERT  
Address: 46 GOLDSMITH RD. W.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32535

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT CONNOR

T/D

01/27/2007

Electronic Signature of Signing Officer or Director

Date