

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007399

FILED
Jan 17, 2008
Secretary of State

Entity Name: CHAUTAUQUA CYBER CLUB, INC.

Current Principal Place of Business:

908 HWY 90 W.
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

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

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

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

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

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

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

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: ROBERT CONNOR

T/D

01/17/2008

Electronic Signature of Signing Officer or Director

Date