

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753289

Entity Name: CHIPOLA COLLEGE FOUNDATION, INC.**Current Principal Place of Business:**3094 INDIAN CIRCLE
MARIANNA, FL 32446**Current Mailing Address:**3094 INDIAN CIRCLE
MARIANNA, FL 32446 US**FEI Number:** 59-2074070**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FUQUA, JULIE
3094 INDIAN CIRCLE
MARIANNA, FL 32446 US*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**Officer/Director Detail :**

Title	D
Name	CLEMMONS, SARAH M DR.
Address	3094 INDIAN CIR
City-State-Zip:	MARIANNA FL 32446

Title	D
Name	ROBERTS, RUSSELL S
Address	3078 WATSON DRIVE
City-State-Zip:	MARIANNA FL 32446

Title	D
Name	HAMILTON, JOHN
Address	P.O. BOX 1564
City-State-Zip:	MARIANNA FL 32447

Title	D
Name	CRAVEN, BRYAN
Address	3094 INDIAN CIRCLE
City-State-Zip:	MARIANNA FL 32446

Title	PRESIDENT
Name	BROWN, BUDDY
Address	P.O. BOX 27
City-State-Zip:	WESTVILLE FL 32464

Title	SECRETARY
Name	FARNELL, ROBERT
Address	3094 INDIAN CIRCLE
City-State-Zip:	MARIANNA FL 32446

I hereby 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 all other like empowered.

SIGNATURE: ROBERT FARNELL**SECRETARY****04/05/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date