

2015 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	HURST, JASON 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	JEAN CRAWFORD, CAROL
Address	4880 DONNA DRIVE
City-State-Zip:	MARIANNA FL 32446

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

Title	D
Name	GRANBERRY, CHEPHUS
Address	3562 SYLVANIA PLANTATION RD
City-State-Zip:	GREENWOOD FL 32443

Title	PRES
Name	SHELTON, SHELIA
Address	11065 NW CR 274
City-State-Zip:	ALTHA FL 32421

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: SHELIA SHELTON**PRESIDENT****01/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date