

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43300

**Entity Name:** CHIPOLA HISTORICAL TRUST, INCORPORATED

**Current Principal Place of Business:**

2305 FILLMORE DRIVE  
MARIANNA, FL 32448

**Current Mailing Address:**

2305 FILLMORE DR  
MARIANNA, FL 32448 US

**FEI Number:** 59-3147484

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CRISP, PATRICIA M  
2305 FILLMORE DR  
MARIANNA, FL 32448 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 PD  
Name CRISP, PATRICIA M  
Address 2305 FILLMORE DR  
City-State-Zip: MARIANNA FL 32448

Title D  
Name CLAY, ROGER  
Address 4073 ENGLISH ROAD  
City-State-Zip: MARIANNA FL 32448

Title D  
Name CRAWFORD, CAROL J  
Address 4800 DONNA DR  
City-State-Zip: MARIANNA FL 32447

Title PRES  
Name CRISP, PATRICIA M  
Address 2305 FILLMORE DR  
City-State-Zip: MARIANNA 06 32448

Title PRES  
Name CRISP, PATRICIA M  
Address 2305 FILLMORE DR  
City-State-Zip: MARIANNA 06 32448

Title DIRECTOR  
Name WARREN, STUART C. DIR  
Address 2405 FILLMORE DRIVE  
City-State-Zip: MARIANNA FL 32448

*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:** PATRICIA M. CRISP

**PRESIDENT**

**03/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date