# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **387158** **(9)**

1. Corporation Name

**CHEIFLAND GOLF AND COUNTRY CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| RT. 2. BOX 905<br>CHIEFLND FL 32626 | RT. 2. BOX 905<br>CHIEFLND FL 32626 |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 08/19/1971 | 05/01/1995 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number **59-1460684** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

BEAUCHAMP, GREGORY V.
107 E. PARK AVENUE
CHIEFLND FL 32626

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | BEAUCHAMP, GREGORY V. | | 1.2 NAME | SMITH, STONEY | |
| STREET ADDRESS | W. PARK AVENUE | | 1.3 STREET ADDRESS | 105 N.E. 5TH ST, | |
| CITY-ST-ZIP | CHIEFLND FL | | 1.4 CITY-ST-ZIP | CHIEFLAND, FL 32626 | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | SMITH, TERRY A. | | 2.2 NAME | HARRISON, D. RAY | |
| STREET ADDRESS | WILLOW DRIVE | | 2.3 STREET ADDRESS | 4599 SW 90th COURT | |
| CITY-ST-ZIP | CHIEFLND FL | | 2.4 CITY-ST-ZIP | TRENTON, FL 32693 | |
| TITLE | SD | ☒ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | SHULTZ, CAROL | | 3.2 NAME | KING, DOUGLAS | |
| STREET ADDRESS | RT. 1 BOX 1029-N | | 3.3 STREET ADDRESS | HWY 27 EAST | |
| CITY-ST-ZIP | CHIEFLND FL | | 3.4 CITY-ST-ZIP | CHIEFLAND, FL 32644 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | WASSON, NEWCOMBE | | 4.2 NAME | HENDERSON, SKIPPER | |
| STREET ADDRESS | RT. 2 BOX 952 | | 4.3 STREET ADDRESS | 7991 NW 147th PLACE | |
| CITY-ST-ZIP | CHIEFLND FL | | 4.4 CITY-ST-ZIP | CHIEFLAND, FL 32626 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | P | ☐ Change ☒ Addition |
| NAME | BEAUCHAMP, ROBERT J | | 5.2 NAME | KELLY, ROBERT | |
| STREET ADDRESS | NW 1ST STR | | 5.3 STREET ADDRESS | 28427 79th ROAD | |
| CITY-ST-ZIP | CHIEFLND FL | | 5.4 CITY-ST-ZIP | BRANFORD, FL 32008 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | STD | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | GUESS, LESLIE | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 11190 NW 92 COURT | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | CHIEFLAND, FL 32626 | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Beatha Flecker BEATHA FLECKER 4-29-96 352-493-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #