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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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 CHIEFLND FL 32626	RT. 2. BOX 905 CHIEFLND FL 32626-9546

3. Date Incorporated or Qualified: 08/19/1971
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 9650 NW 115th St.	26 9650 NW 115th St.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Chiefland, FL	City & State 28 Chiefland, FL
Zip / Country 24 32626 / 25	Zip / Country 29 32626 / 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	10. Name and Address of New Registered Agent
BEAUCHAMP, GREGORY V. 107 E. PARK AVENUE CHIEFLND FL 32626	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, STONEY		1.2 NAME		
STREET ADDRESS	105 NE 5TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, D. RAY		2.2 NAME		
STREET ADDRESS	4599 SW 90TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KING, DOUGLAS		3.2 NAME		
STREET ADDRESS	HWY 27 EAST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, SKIPPER		4.2 NAME		
STREET ADDRESS	7991 NW 147TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, ROBERT		5.2 NAME		
STREET ADDRESS	28427 79TH ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD FL		5.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GUESS, LESLIE		6.2 NAME		
STREET ADDRESS	11190 NW 92 COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #