

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 387158

FILED
Jun 22, 2009
Secretary of State

Entity Name: CHIEFLAND GOLF AND COUNTRY CLUB, INC.

Current Principal Place of Business:

9650 NW 115TH ST
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1777
CHIEFLAND, FL 32644 US

New Mailing Address:

FEI Number: 59-1460684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUCHAMP, GREGORY V.
107 E. PARK AVENUE
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEAUCHAMP, ROBERT
Address: 14448
City-St-Zip: GAINESVILLE, FL 32607

Title: DVP () Delete
Name: TUMMOND, DICKEY
Address: 6690 NW110TH ST
City-St-Zip: CHIEFLAND, FL 32644

Title: D () Delete
Name: LEONARD, MARILEE
Address: TOMAHAWK TRAIL
City-St-Zip: TRENTON, FL 32626

Title: D () Delete
Name: HART, TIM
Address: 6671 SW 108TH AVE
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: CRAWFOR, FRANK
Address: HIGHWAY 55A
City-St-Zip: OLD TOWN, FL 32680

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ICE, ROB
Address: HWY 341 SOUTH
City-St-Zip: CHIEFLAND, FL 32644

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WELBORN, KENT J
Address: 9591NW 110TH CIRCLE
City-St-Zip: CHIEFLAND, FL 32644

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J BEAUCHAMP

P/D

06/22/2009

Electronic Signature of Signing Officer or Director

Date