

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **713823** (3)  
1. Corporation Name  
**CHIEFLAND HUNTING AND GAME MANAGEMENT CLUB, INC.**

Principal Place of Business <b>CEDAR KEY ROAD 345 P O BOX 406 CHIEFLND FL 32626</b>	Mailing Address <b>CEDAR KEY ROAD 345 P O BOX 406 CHIEFLND FL 32626</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/19/1967</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>58-0456873</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>WYNE SMITH RT. 4, BOX 579 - RIVER ROAD 345 FLOWERS BLUFF RD CHIEFLND FL 32626</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLUM, BOB</b>	1.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 1095</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRUMMOND, LUTHER</b>	2.2 NAME	
STREET ADDRESS	<b>214 EAST PARK AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOUNT, BOB</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1416 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORBETT, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 728 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Luther Drummond* Sec. 1/7/95, 4/27/95 **904-491-2227**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**LUTHER DRUMMOND**