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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business CEDAR KEY ROAD 345 P O BOX 406 CHIEFLND FL 32626	Mailing Address CEDAR KEY ROAD 345 P O BOX 406 CHIEFLND FL 32644-0406	3. Date Incorporated or Qualified 12/19/1967	3a. Date of Last Report 06/12/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-0456873	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 32644	Country 25	Zip 29 32644	Country 30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

WYNE SMITH RT. 4, BOX 579 - RIVER ROAD 345 FLOWERS BLUFF RD 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 617.0502 and 617.1508, 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 617.0503, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COLLUM, BOB RT 1 BOX 1095 CHIEFLND FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1511 N.W. 46th Lane Chiefland, FLA. 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DRUMMOND, LUTHER 214 EAST PARK AVE. CHIEFLND FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 406 (NA) Chiefland, FLA. 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUNT, BOB P.O. BOX 1416 N/A CHIEFLND FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Charles Corbett P.O. Box 676 (NA) Chiefland, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBETT, CHARLES P.O. BOX 728 N/A CHIEFLND FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Rosco Tanner P.O. Box 157 (NA) Archer, FLA 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Buddy Poole 4850 N.W. 92nd Court Chiefland, FLA 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

4. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: [Signature] 3/24/97 352-483-402P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011629

CR2E037 (9/96)