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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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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 CHIEFLAND FL 32644 US	Mailing Address CEDAR KEY ROAD 345 P O BOX 406 CHIEFLAND FL 32644 US
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3. Date Incorporated or Qualified
12/19/1967

4. FEI Number
59-0456873

Applied For	
Not Applicable	

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**WYNE SMITH
 RT. 4, BOX 579 - RIVER ROAD 345
 FLOWERS BLUFF RD
 CHIEFLAND 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
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLUM, BOB	1.2 NAME	
STREET ADDRESS	1511 NW 46 LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUMMOND, LUTHER	2.2 NAME	
STREET ADDRESS	PO BOX 406	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, ROSCO	3.2 NAME	
STREET ADDRESS	PO BOX 157	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, CHARLES	4.2 NAME	
STREET ADDRESS	PO BOX 676	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, BUDDY	5.2 NAME	
STREET ADDRESS	4850 NW 92 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Sandra B. Morton* 4-9-97 352-497-2277

CR2E037 (10/97)