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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90053 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713823

1. Corporation Name
CHIEFLAND HUNTING AND GAME MANAGEMENT CLUB, INC.

117974.90053.7 4 *

Principal Place of Business CEDAR KEY ROAD 345 P O BOX 406 CHIEFLND FL 32644 US	Mailing Address CEDAR KEY ROAD 345 P O BOX 406 CHIEFLND FL 32644 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/19/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0456873 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WYNE SMITH RT. 4, BOX 579 - RIVER ROAD 345 FLOWERS BLUFF RD CHIEFLND 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 FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COLLUM, BOB	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	1511 NW 46 LN	1.2 NAME	
STREET ADDRESS	CHIEFLND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST DRUMMOND, LUTHER	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PO BOX 406	2.2 NAME	
STREET ADDRESS	CHIEFLND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TANNER, ROSCO	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PO BOX 157	3.2 NAME	
STREET ADDRESS	ARCHER FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP CORBETT, CHARLES	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PO BOX 676	4.2 NAME	
STREET ADDRESS	CHIEFLND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D POOLE, BUDDY	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	4850 NW 92 CT	5.2 NAME	
STREET ADDRESS	CHIEFLND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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)(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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1-4-99 352-498-2277
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)