


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 713823

1. Entity 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**

DO NOT WRITE IN THIS SPACE



02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-0456873** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**COLLUM, ROBERT
1511 NW 46TH LANE
CHIEFLAND, FL 32626**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CORBETT, CHARLES
STREET ADDRESS	P.O. BOX 676
CITY-ST-ZIP	CHIEFLAND, FL 32644
TITLE	ST
NAME	DRUMMOND, LUTHER
STREET ADDRESS	PO BOX 406
CITY-ST-ZIP	CHIEFLAND, FL
TITLE	D
NAME	TANNER, ROSCO
STREET ADDRESS	PO BOX 157
CITY-ST-ZIP	ARCHER, FL
TITLE	VD
NAME	CALTON, LARRY
STREET ADDRESS	119 SE 11TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32602
TITLE	D
NAME	LOPEZ, DONALD
STREET ADDRESS	10617 NW 47TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/05-80045-008 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luther Drummond* **2-24-05** **352-493-2277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #