


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 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	



03282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0456873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

1000000976216
 04/11/08-80066-002 61.25

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3/28/08 352-493-4028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Me Phone #