

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90395 033 ****61.25

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**

50007843



03302006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/06

352-493-2277