

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008064

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC3950897997**

**Entity Name:** CHIEFLAND MINISTERIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

103 NE 1ST ST.  
CHIEFLAND, FL 32626

**Current Mailing Address:**

P.O. BOX 85  
CHIEFLAND, FL 32644

**FEI Number: 51-0428035**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TURNER, JANE  
103 NE 1ST ST.  
CHIEFLAND, FL 32626 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name TURNER, WALTER  
Address 11951 N.W. 70TH AVE.  
City-State-Zip: CHIEFLAND FL 32626

Title SD  
Name TURNER, JANE  
Address 8951 N.W. 60TH AVE.  
City-State-Zip: CHIEFLAND FL 32626

Title VP  
Name KEARNS, CAROL  
Address 8951 N.W. 60TH AVE.  
City-State-Zip: CHIEFLAND FL 32626

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JANE TURNER**

**SD**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date