

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90074 011 ***150.00

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1. Entity Name
CHIEFLAND GOLF AND COUNTRY CLUB, INC.



Principal Place of Business
9650 NW 115TH ST
CHIEFLAND, FL 32626 US

Mailing Address
PO BOX 1777
CHIEFLAND, FL 32644 US

40003140



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1460684

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEAUCHAMP, GREGORY V.
107 E. PARK AVENUE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BEAUCHAMP, ROBERT
STREET ADDRESS 14448
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE DVP
NAME TUMMOND, DICKEY
STREET ADDRESS 6690 NW110TH ST
CITY-ST-ZIP CHIEFLAND, FL 32644

TITLE D
NAME LEONARD, MARILEE
STREET ADDRESS TOMAHAWK TRAIL
CITY-ST-ZIP TRENTON, FL 32626

TITLE D
NAME HART, TIM
STREET ADDRESS 6671 SW 108TH AVE
CITY-ST-ZIP CEDAR KEY, FL 32625

TITLE D
NAME CRAWFOR, FRANK
STREET ADDRESS HIGHWAY 55A
CITY-ST-ZIP OLD TOWN, FL 32680

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 607, 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 1/23/07 352-493-4825 Daytime Phone #