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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:56

DOCUMENT # 711048 (9)

1. Corporation Name

CHIEFLAND ACTIVITIES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1515 CHIEFLND FL 32626	POST OFFICE BOX 1515 CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1966**
3a. Date of Last Report: **04/01/1994**
4. FEI Number: **59-2513170** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LUNSFORD, BARBARA
107 RODGERS BLVD.
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Barbara Lunsford 3-30-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	COWART, WELLIE	1.2 NAME	Barbara Lunsford
STREET ADDRESS	RT. 3, BOX 175, N HWY.19	1.3 STREET ADDRESS	107 Rodgers Blvd
CITY-ST-ZIP	CHIEFLND FL 32626	1.4 CITY-ST-ZIP	Chiefland, Fla 32626
TITLE	S	2.1 TITLE	S ☒ Change ☐ Addition
NAME	HAMBERGER, DEBBIE	2.2 NAME	Connie Asbell
STREET ADDRESS	BOX 1415, C. R. 341	2.3 STREET ADDRESS	P O Box 1011-Manatee Springs Rd
CITY-ST-ZIP	CHIEFLND FL 32626	2.4 CITY-ST-ZIP	Chiefland, Fla 32626
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	CHEELY, R L	3.2 NAME	Carmen Barnhill
STREET ADDRESS	315 SE 4TH AVE.	3.3 STREET ADDRESS	26 S E 1 St
CITY-ST-ZIP	CHIEFLND FL 32626	3.4 CITY-ST-ZIP	Chiefland, Fla 32626
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ETHEREDGE, EVELYN	4.2 NAME	D
STREET ADDRESS	RT. 2, BOX 154, C.R. 345	4.3 STREET ADDRESS	Evelyn Etheredge
CITY-ST-ZIP	CHIEFLND FL 32626	4.4 CITY-ST-ZIP	Rt 2 Box 154. C.R.345
TITLE	D	5.1 TITLE	Chiefland, Fla 32626 ☒ Change ☐ Addition
NAME	LUNSFORD, BARBARA	5.2 NAME	D
STREET ADDRESS	BOX 1763, C. R. 341	5.3 STREET ADDRESS	Georgette Bryant
CITY-ST-ZIP	CHIEFLND FL 32626	5.4 CITY-ST-ZIP	526 E Park Avenue
TITLE	D	6.1 TITLE	Chiefland, Fla 32626 ☒ Change ☐ Addition
NAME	BISHOP, KENT	6.2 NAME	D
STREET ADDRESS	BOX 1197, C. R. 404	6.3 STREET ADDRESS	Shirley Fulford
CITY-ST-ZIP	CHIEFLND FL 32626	6.4 CITY-ST-ZIP	Rt 4 Box 652 C.R. 345

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

Chiefland, Fla 32626

SIGNATURE: Barbara Lunsford Barbara Lunsford 3-30-95 904 493-2210
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #