

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711048** (9)

1. Corporation Name

**CHIEFLAND ACTIVITIES, INC.**



Principal Place of Business

Mailing Address

POST OFFICE BOX 1515  
CHIEFLAND FL 32644  
US

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CHIEFLAND FL 32644  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/21/1966** 3a. Date of Last Report **01/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUNSFORD, BARBARA**  
**107 RODGERS BLVD.**  
**CHIEFLAND FL 32626**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Barbara Lunsford**

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

(NOTE: Registered Agent signature required when registering)

DATE

**9-21-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **LUNSFORD, BARBARA**  
STREET ADDRESS **107 RODGERS BLVD**  
CITY-ST-ZIP **CHIEFLAND FL**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **Lunsford, Barbara**  
1.3 STREET ADDRESS **107 E. Rodgers Blvd**  
1.4 CITY-ST-ZIP **Chiefland, FL 32626**

TITLE **S** ☐ DELETE  
NAME **ASBELL, CONNIE**  
STREET ADDRESS **P.O. BOX 1011-MANATEET SPRINGS RD**  
CITY-ST-ZIP **CHIEFLAND FL**

2.1 TITLE **S** ☐ Change ☐ Addition  
2.2 NAME **Connie Asbell**  
2.3 STREET ADDRESS **11751 N W 78 Terr**  
2.4 CITY-ST-ZIP **Chiefland 32626**

TITLE **T** ☐ DELETE  
NAME **BARNKILL, CARMEN**  
STREET ADDRESS **28 SE 1ST**  
CITY-ST-ZIP **CHIEFLAND FL**

3.1 TITLE **T** ☒ Change ☐ Addition  
3.2 NAME **Rogers, Carmen**  
3.3 STREET ADDRESS **6020 N W 14 St**  
3.4 CITY-ST-ZIP **Xhiefland, Fla 32626**

TITLE **D** ☒ DELETE  
NAME **ETHEREDGE, EVELYN**  
STREET ADDRESS **RT. 2 BOX 154. CR. 345**  
CITY-ST-ZIP **CHIEFLAND FL**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Sammy Cason**  
4.3 STREET ADDRESS **203 N E 3 St**  
4.4 CITY-ST-ZIP **Chiefland 32626**

TITLE **D** ☒ DELETE  
NAME **BRYANT, GEORGETTE**  
STREET ADDRESS **526 E. PARK AVENUE**  
CITY-ST-ZIP **CHIEFLAND FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Dottie Phillips**  
5.3 STREET ADDRESS **1120 Dana Drive**  
5.4 CITY-ST-ZIP **Chiefland 32626**

TITLE **D** ☒ DELETE  
NAME **FULFORD, SHIRLEY**  
STREET ADDRESS **RT 4 BOX 652 C.R 345**  
CITY-ST-ZIP **CHIEFLAND FL**

6.1 TITLE **P** ☐ Change ☒ Addition  
6.2 NAME **Mei Allen**  
6.3 STREET ADDRESS **1402 N W 13 St**  
6.4 CITY-ST-ZIP **Chiefland 32626**

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE **Barbara Lunsford** SIGNATURE REQUIRED

**7-21-97**

CR2E037 (4/97)