

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90131 015 ****61.25

DOCUMENT # 711048

1. Corporation Name

CHIEFLAND ACTIVITIES, INC.

Principal Place of Business

POST OFFICE BOX 1515
CHIEFLAND FL 32644
US

Mailing Address

POST OFFICE BOX 1515
CHIEFLAND FL 32644
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

06/21/1966

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

9. Name and Address of Current Registered Agent

LUNSFORD, BARBARA
107 RODGERS BLVD.
CHIEFLAND 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **LUNSFORD, BARBARA**
STREET ADDRESS **107 E RODGERS BLVD**
CITY-ST-ZIP **CHIEFLAND FL**

TITLE **S** ☐ DELETE

NAME **ASBELL, CONNIE**
STREET ADDRESS **11751 NW 78 TERR**
CITY-ST-ZIP **CHIEFLAND FL**

TITLE **T** ☐ DELETE

NAME **ROGERS, CARMEN**
STREET ADDRESS **6020 NW 14 ST**
CITY-ST-ZIP **CHIEFLAND FL**

TITLE **D** ☐ DELETE

NAME **CASON, SAMMY**
STREET ADDRESS **203 NE ST**
CITY-ST-ZIP **CHIEFLAND FL**

TITLE **D** ☐ DELETE

NAME **PHILLIPS, DOTTIE**
STREET ADDRESS **1120 DANA DR**
CITY-ST-ZIP **CHIEFLAND FL**

TITLE **D** ☒ DELETE

NAME **ALLEN, MEL**
STREET ADDRESS **1402 NW 13 ST**
CITY-ST-ZIP **CHIEFLAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **Lunsford, Barbara**
1.3 STREET ADDRESS **4651 N.W. 60 Ave**
1.4 CITY-ST-ZIP **Chiefland, Fla 32626**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **Chuck edwards**
6.3 STREET ADDRESS **120 E. Rodgers Blvd**
6.4 CITY-ST-ZIP **Chiefland, Fla 32626**

14. I 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, with all other like empowered.

SIGNATURE:

Barbara Lunsford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)