


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90434 004 ****61.25

DOCUMENT # 711048 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2513170	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUNSFORD, BARBARA 4651 NW 60TH AVE CHIEFLAND, FL 32626				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUNSFORD, BARBARA		NAME		
STREET ADDRESS	4651 N.W. 60 AVE.		STREET ADDRESS		
CITY - ST - ZIP	CHIEFLAND, FL 32626		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASBELL, AVIS		NAME		
STREET ADDRESS	7851 NW 70TH STREET		STREET ADDRESS		
CITY - ST - ZIP	CHIEFLAND, FL 32626		CITY - ST - ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, CARMEN		NAME		
STREET ADDRESS	6020 NW 14 ST		STREET ADDRESS		
CITY - ST - ZIP	CHIEFLAND, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASON, SAMMY		NAME		
STREET ADDRESS	203 NE ST		STREET ADDRESS		
CITY - ST - ZIP	CHIEFLAND, FL 32626		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, DOTTIE		NAME		
STREET ADDRESS	1120 DANA DR		STREET ADDRESS		
CITY - ST - ZIP	CHIEFLAND, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ODOM, ELSIE		NAME		
STREET ADDRESS	9023 NW 128TH COURT		STREET ADDRESS		
CITY - ST - ZIP	CHIEFLAND, FL 32626		CITY - ST - ZIP		
12. 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 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 617, 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: <i>Dottie Phillips</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/04 <small>Date</small>		
			(352) 493-1458 <small>Daytime Phone #</small>		