

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90008 014 \*\*\*\*70.05

**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

2nd MOORE

CR2E037 (4/06)

4. FEI Number

59-2513170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. 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

**FL**

Zip Code

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

*Barbara Lunsford*

*Barbara Lunsford*

7-26-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LUNSFORD, BARBARA ☐ Delete  
STREET ADDRESS 4651 N.W. 60 AVE.  
CITY - ST - ZIP CHIEFLAND FL 32626

TITLE D  
NAME CASON, SAMMY ☐ Delete  
STREET ADDRESS 203 NE ST  
CITY - ST - ZIP CHIEFLAND FL 32626

TITLE D ☒ Delete  
NAME PHILLIPS, DOTTIE  
STREET ADDRESS 1120 DANA DR  
CITY - ST - ZIP CHIEFLAND FL

TITLE D ☐ Delete  
NAME ODOM, ELSIE  
STREET ADDRESS 9023 NW 128TH COURT  
CITY - ST - ZIP CHIEFLAND FL 32626

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D ☐ Change ☒ Addition  
NAME Rebecca Lord  
STREET ADDRESS 221 NE 5 ST.  
CITY - ST - ZIP Chiefland Fla 32626

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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:

*Barbara Lunsford*

*Barbara Lunsford*

7-26-06