

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90211 019 ****61.50

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

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

TITLE NAME D ☐ Delete
NAME LORD, REBECCA
STREET ADDRESS 221 NE 5 ST
CITY ST ZIP CHIEFLAND FL 32626

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE NAME ☒ Change ☐ Addition
NAME D Pam Johnson
STREET ADDRESS 5350 NW 140 ST
CITY ST ZIP Chiefland FL 32626

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

TITLE NAME ☐ 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Lunsford

Date

Daytime Phone #