2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711048

1. Entity Name

CHIEFLAND ACTIVITIES, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90113 022 ****61.25

				S.W.	11.5						
Principal Place of Business POST OFFICE BOX 1515 CHIEFLAND FL 32644 US		POST	ng Address OFFICE BOX 1515 LAND FL 32644			4 /68 /14 J 88 /8 41	FA) 1911 1811 1818] 3 0 0 0) 3	11: 010): 110i	
2. Principal Place	e of Business	3. Ma	iling Address								
Suite, Apt. #, etc.		Sı	uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		Ci	ity & State			4. FEI Number 59-2513170			<u> </u>	pplied For ot Applicable	
Zip Country		Ziı	р	Country						75 Additional	
6. Name and Address of Curren		Current Register	ed Agent	<u> </u>	,	7. Name and Add	ress of New R	egistered	Agent		
				Name							
LUNSFORD, E 4651 NW 60T	TH AVE		St		dress (P	P.O. Box Number is f	Not Acceptable	·)			
CHIEFLAND F	FL 32020			City				FL	Zip Coc	e	
8 The above occ	med entity submits this state	ement for the ever	noce of changing it-	registered office as a	enintar-	ad agant or both !-	the State of Fi-		_)	and ass :=:	
the obligations	of registered agent.		rece or or anging its	Togicia Qua amou or in	~g	a agona, or boar, ar	the state of the	indu. Turr	rearrings with	and accopt	
SIGNATURE								D. A.T.E.			
Siona	nature, typed or printed name of regist	ered agent and title if agr	alicable (NOTE	F: Panistered Agent signature	e required u	when reinstation)					
_	nature, typed or printed name of regist	tered agent and title if app	plicable. (NOTE	E: Registered Agent signature	e required v	when reinstating)		DATE			
?	E NOW: FEE IS \$61.2		•	mpaign Financing		\$5.00 May Be Added to Fees		ke Chec	k Payable		
FILE	E NOW: FEE IS \$61.2		9. Election Can Trust Fund C	mpaign Financing		\$5.00 May Be Added to Fees	Florid	ke Checl la Depar	rtment of s	State	
FILE	E NOW: FEE IS \$61.2	25	9. Election Can Trust Fund C	mpaign Financing Contribution.		\$5.00 May Be	Florid	ke Checl la Depar	rtment of !	State	
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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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: