FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711728 (6)

1. Corporation Name
CHIEFLAND CIVITAN CLUB, INCORPORATED

Principal Place of Business	Mailing Address
RT. 2 BOX 154 CHIEFLND FL 32626	RT. 2 BOX 154 CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1966
3a. Date of Last Report: 06/02/1994
4. FEI Number: 59-2156524 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BEAUCHAMP, R. LUTHER
19 N.E. THIRD ST.
CHIEFLND 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~SD~~	1.1 TITLE	D/T ☐ Change ☐ Addition
NAME	LITTLE, CLARA	1.2 NAME	Palmer, Irene
STREET ADDRESS	P O BOX 844 N/A	1.3 STREET ADDRESS	P.O. Box 1212 N/A
CITY-ST-ZIP	CHIEFLND FL 32626	1.4 CITY-ST-ZIP	Old Town, FL 32680
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HALLMAN, WARREN	2.2 NAME	
STREET ADDRESS	P.O. BOX 606 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32625	2.4 CITY-ST-ZIP	
TITLE	~~PD~~	3.1 TITLE	☐ Change ☐ Addition
NAME	COWART, WELLIE	3.2 NAME	D/C Cowart, Wellie
STREET ADDRESS	RT 3 BOX 175T N/A	3.3 STREET ADDRESS	Rt 3 Box 175 T
CITY-ST-ZIP	CHIEFLND FL 32626	3.4 CITY-ST-ZIP	Chiefland, FL 32626
TITLE	~~D~~	4.1 TITLE	☐ Change ☐ Addition
NAME	ETHEREDGE, EVELYN	4.2 NAME	C Etheredge, Evelyn
STREET ADDRESS	RT 2 BOX 154 N/A	4.3 STREET ADDRESS	Rt. 2 Box 154
CITY-ST-ZIP	CHIEFLND FL 32626	4.4 CITY-ST-ZIP	Chiefland, FL 32626
TITLE	~~TD~~	5.1 TITLE	☐ Change ☐ Addition
NAME	ASBELL, CONNIE	5.2 NAME	P/D/C Asbell, Connie
STREET ADDRESS	P.O. BOX 1011 N/A	5.3 STREET ADDRESS	P.O. Box 1011 N/A
CITY-ST-ZIP	CHIEFLND FL 32626	5.4 CITY-ST-ZIP	Chiefland, FL 32626
TITLE	~~D~~	6.1 TITLE	T/C ☐ Change ☐ Addition
NAME	CROSS, DAPHINE	6.2 NAME	Lord Charlotte
STREET ADDRESS	PO BOX 1443 N/A	6.3 STREET ADDRESS	P.O. Box 8 N/A
CITY-ST-ZIP	CHIEFLND FL 32626	6.4 CITY-ST-ZIP	Old Town, FL 32680

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Connie Asbell 1/18/95 904-493-4347
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030064