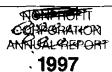
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FLORIDA DEPARTMENT, OF STATE

Saxura B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #7/1728 REINSTATEMENT



97 SEP -9 AM 11: 08

CEODETABLY OF CTAYE

CHIEFLAND CIV	VITAN CLUB, INCOR	PORA	TED -	TALLAHASS	EE, FLORIDA	
	1000	18	275			
Principal Place of Business	Mailing Address	10		-		
•	,					
ро вох 2509	P O BOX					
CHIEFLAND FL 32644	CHIEFLAND FI	326 ،	44	3. Date Incorporated or Qualified	3a. Date of Last Re	·
O. Disaste d Disaste of Disaster	Do Mallino Address			10/31/1966 4. FEI Number	MARCH 1	
Principal Place of Business 1	2a. Mailing Address			59-215452	/ Ap	plied`For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22 27 City & State City & State					Fee Required \$5.00 May Be	
23	28			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip Country	Zφ	Cou	ntry	8. This corporation has liability for i		199.032,
9. Name and Address of Currer		30		Florida Statutes 10. Name and Address of New Re	Yes K No	
at Name and Address of Carret	it riogiotoreo Agorit		81 Name	ter Hamo and Radiosa of How Ho	aletered rigorit	
		}	82 Street Add	Iress (P.O. Box Number is Not Acceptab	ole)	
R. LUTHER BEAUCHAMP 19 NE 3RD ST CHIEFLAND FL 32626			83			
				·		
			B4 City	FL 85 Zip Code		
 Pursuant to the provisions of Sections 617 050 office or registred agent, or both, in the State agent. I am facilitar with, and account the onlig 	02 and 617.1508, Florida Statute of Florida. Such change was a	s, the ab uthorized	ove-named cor	poration submits this statement for the pation's board of directors. I hereby access	urpose of changing its	s registered registered
agent. I am fall liar with, and account the onlig	ations of, Section 617.0503, Flor	rida Stati	utes.		8-6-97	
SIGNATURE Standard Hypod or printed transc of registered age	mit and title if approable (NOTE)	Registered	Agent signature requ		DATE	
12. OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE P	☐ DCLETE	1.1 TIT			☐ Change	Addition]
STREET ADDRESS PHIL BAKER		1	REET ADDRESS			
CITY-ST-ZIP CATNES TELE PE 3		1.4 CIT	Y-ST-ZIP			S IN 12 Addition
VP/D	DELETE	2.1 TH 2.2 NA			L Change	Addition G
STREET ADDITION			REE1 ADORESS	2000022911026 -09/11/9701125006		
CITY-S1-ZIP P O BOX 407 CHIEFLAND FL 32644			TY-ST-ZIP	-09/11/9701125006 ****297.50 □****297.50		
TITLE S/T/D	☐ DELETE	3.1 117	LE	*************************************	37.50 □機構製	Adallian
CONNIE ASBELL [
STREET ADDRESS P O BOX 1011 CH	LEFLAND FL 32644		REET ADDRESS 1Y-SI-ZIP			1
TITLE D	☐ DELE1E	4.1 111			Change	Add tion
CHARLOTTE LORD PO BOX 8 OLD	rown FL 32680	4. 2 N	AME			
STREET ADDINESS.	IOMN ID JEUDO		REET ADDRESS			
ATY-ST-ZIP	DELETE	5 1 TIT	Y-ST-ZIP LE		Change	Addition
NAME WELLIE COWART	_	5.2 NA	l l			
	R CHIRRIAND RL	5 3 51	REET ADDRESS			1
CITY-ST-ZIP 15350 NW 71ST TEI			Y- ST - ZIP	A		T Advices
TITLE NAME	☐ DELETE	6.1 TIT		a. alaw	☐ Change	Addition
NAME STREET ADDRESS		6.2 NA 6.3 ST	MI. REET ADDRESS	MAL	1.0	1
CiTY-ST-ZIP		6 4 CIT	Y-ST-ZIP	91,419	17	
14. I do hereby certify that the information supplie information indicated on this annual report or s	d with this filing does not qualify	for the	exemption state	d in Section 119.07(3)(i), Florida Statutes	I further certify that the leffect as if made upon	the ter path: that
I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or	the receiver or trustee empower	ered to e	xecute this repo	ort as required by Chapter 617, Florida S	tatutes; and that my na	ame
()	\mathcal{M}		anet t	00/0//07	0 404 5140	
SIGNATURE! Quincel	review CONN	ITR V	SBELL	08/96/97 35	2-486-5163	

STGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR