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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NON-PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **71128** **REINSTATEMENT**
1. Corporation Name **CHIEFLAND CIVITAN CLUB, INCORPORATED**

Principal Place of Business Mailing Address
P O BOX 2509 CHIEFLAND FL 32644 **P O BOX CHIEFLAND FL 32644**

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

3. Date Incorporated or Qualified **10/31/1966** 3a. Date of Last Report **MARCH 1996**
4. FEI Number **59-2156521** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

R. LUTHER BEAUCHAMP
19 NE 3RD ST
CHIEFLAND 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

R. Luther Beauchamp

(NOTE: Registered Agent signature required when reinstating)

8-6-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P PHIL BAKER**
STREET ADDRESS **7020 LAKESHORE DR**
CITY-ST-ZIP **GAINESVILLE FL 32641**
TITLE ☐ DELETE
NAME **VP/D SAMMY CASON**
STREET ADDRESS **P O BOX 407 CHIEFLAND FL 32644**
CITY-ST-ZIP
TITLE ☐ DELETE
NAME **S/T/D CONNIE ASBELL** **11751 NW 7th Terr**
STREET ADDRESS **P O BOX 1011 CHIEFLAND FL 32644**
CITY-ST-ZIP
TITLE ☐ DELETE
NAME **D CHARLOTTE LORD**
STREET ADDRESS **P O BOX 8 OLD TOWN FL 32680**
CITY-ST-ZIP
TITLE ☐ DELETE
NAME **D WELLIE COWART**
STREET ADDRESS **15350 NW 71ST TERR CHIEFLAND FL 32626**
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

CONNIE ASBELL

08/06/97

352-486-5163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)