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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90047 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711728

1. Corporation Name

CHIEFLAND CIVITAN CLUB, INCORPORATED

Principal Place of Business

P.O. BOX 2505
CHIEFLND FL 32644

Mailing Address

P.O. BOX 2505
CHIEFLND FL 32644

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2156524	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent

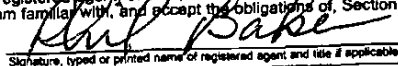
BEAUCHAMP, R. LUTHER
 19 N.E. THIRD ST.
 CHIEFLND FL 32626

10. Name and Address of New Registered Agent

 81 Name **Phil Baker**
 82 Street Address (P.O. Box Number is Not Acceptable)
7020 LAKESHORE DRIVE
 83
 84 City **GAINESVILLE** FL 85 Zip Code **32641**

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



(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, PHIL	1.2 NAME	SAME
STREET ADDRESS	7020 LAKESHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASON, SAMMY	2.2 NAME	SAME
STREET ADDRESS	P.O. BOX 407	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32644	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASBELL, CONNIE	3.2 NAME	STD EDWARDS, Charles M. P.O. Box 2505 Chiefland, FL 32644
STREET ADDRESS	11751 N.W. 78 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32644	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, CHARLOTTE	4.2 NAME	SAME
STREET ADDRESS	P.O. BOX 8	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWART, WELLIE	5.2 NAME	SAME
STREET ADDRESS	15350 N.W. 71ST TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32626	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 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

2-2-99

Date

352-334-1098

Daytime Phone #

CR2E037 (11/98)