

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 713823 1. Entity Name CHIEFLAND HUNTING AND GAME MANAGEMENT CLUB, INC. |  |
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| Principal Place of Business CEDAR KEY ROAD 345 P O BOX 406 CHIEFLAND, FL 32644 US | Mailing Address CEDAR KEY ROAD 345 P O BOX 406 CHIEFLAND, FL 32644 US |
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DO NOT WRITE IN THIS SPACE



03282008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 59-0456873 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**COLLUM, ROBERT
 1511 NW 46TH LANE
 CHIEFLAND, FL 32626**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000976216
 04/11/08-80066-002 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CORBETT, CHARLES P.O. BOX 676 CHIEFLAND, FL 32644 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DRUMMOND, LUTHER PO BOX 406 CHIEFLAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TANNER, ROSCO PO BOX 157 ARCHER, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CALTON, LARRY 119 SE 11TH AVE. GAINESVILLE, FL 32602 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOPEZ, DONALD 10617 NW 47TH TERRACE GAINESVILLE, FL 32653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/28/08 352-493-4028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Me/Phone #