

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008064

FILED  
May 03, 2006  
Secretary of State

**Entity Name:** CHIEFLAND MINISTERIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

12255 NW HWY 19  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 85  
CHIEFLAND, FL 32644

**New Mailing Address:**

**FEI Number:** 51-0428035      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TURNER, JANE  
12255 NW HWY 19  
CHIEFLAND, FL 32626      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: KEARNS, GEORGE  
Address: 11951 N.W. 70TH AVE.  
City-St-Zip: CHIEFLAND, FL 32626

Title: VPD      (X) Delete  
Name: HOLSTON, GEORGE W  
Address: 7550 N.W. 149TH PL.  
City-St-Zip: CHIEFLAND, FL 32626

Title: SD      ( ) Delete  
Name: TURNER, JANE  
Address: 8951 N.W. 60TH AVE.  
City-St-Zip: CHIEFLAND, FL 32656

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE TURNER

SD

05/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date