2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N06000000454 1. Entity Name
CHS DIAMOND CLUB, INC. 66001502 Principal Place of Business Mailing Address 105 E. PARK AVENUE 105 E. PARK AVENUE CHIEFLAND, FL 32626 CHIEFLAND, FL 32626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 20-4094244 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEAUCHAMP, ROBERT J 105 E. PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) CHIEFLAND, FL 32626 Zip Code FL 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 Signature, typed or prented name of registered agent and lide if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees Filing Fee is \$61.25 Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Oelete TITLE TITLE WASSON, TONY NAME P.O. BOX 1958 STREET ADDRESS STREET ADDRESS CHIEFLAND, FL 32644 CUY-SI-7P C11Y-51-71P INLE Detete TITLE ☐ Channe ■ Addition HARDEE, CHRIS NAME NAME P.O. BOX 1401 STREET ADDRESS STREET ADDRESS CHIEFLAND, FL 32644 CITY-ST-ZIP CITY-ST-ZUP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GOINS, SHIRLEY HAME STREET ADDRESS 9550 NW 127TH PLACE STREET ADDRESS CITY-ST-ZIP CHIEFLAND, FL 32626 CITY-ST-ZIP TITLE Deleie DILE ☐ Addition ☐ Change CROSBY, BOBBY NAME MAME STREET ADDRESS 2969 SW CR 307 STREET ADDRESS TRENTON, FL 32693 CITY-ST-71P CITY-SI-7IP TITLE C) Delete RILE ☐ Change Addition SHIVERS, CINDY STREET ADDRESS 305 SE 1ST AVENUE STREET ADDRESS CITY-ST-21P CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 it 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: Tory Wasen SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE OR DIRECTOR

Daytime Phone 8