

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N49325 (6)**

1. Corporation Name  
**CHIEFLAND ATHLETIC BOOSTER CLUB, INC.**



Principal Place of Business  
**107 E PARK AVENUE  
CHIEFLND FL 32626**

Mailing Address  
**107 E PARK AVENUE  
CHIEFLND FL 32626**

3. Date Incorporated or Qualified **06/04/1992**      3a. Date of Last Report **09/11/1995**

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State **CHIEFLAND**  
23. Zip Country  
24. 25. 29. **32644** 30.

2a. Mailing Address  
26. **P.O. Box 1777**  
27. Suite, Apt. #, etc.  
28. City & State **CHIEFLAND**

4. FEI Number **59-3128337**      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**

**BEAUCHAMP, ROBERT J  
105 SE 1ST ST.  
CHIEFLND 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**

Signature of officer or director or member of board of directors (and Member Representative)

(If Not Registered Agent's signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAUCHAMP, ROBERT J</b>	
STREET ADDRESS	<b>105 SE 1ST STREET</b>	
CITY-STATE-ZIP	<b>CHIEFLND FL 32626</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GENTRY, HERMAN</b>	
STREET ADDRESS	<b>HWY 19 &amp; 27</b>	
CITY-STATE-ZIP	<b>CHIEFLND FL 32626</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLMES, CLYN</b>	
STREET ADDRESS	<b>HWY 341 SOUTH</b>	
CITY-STATE-ZIP	<b>CHIEFLND FL 32626</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, MELANIE</b>	
STREET ADDRESS	<b>439 NW 6TH ST.</b>	
CITY-STATE-ZIP	<b>CHIEFLND FL 32626</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

*Robert J Beauchamp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/96**  
DATE

**904-493-4805**  
DAY/TIME PHONE #

CR2E037 (12/95)