

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

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. Box 1777

22 City & State 27 CHIEFLAND

23 Zip 24 25 Country 28 32644 30 Country

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

10. Name and Address of New Registered Agent

BEAUCHAMP, ROBERT J  
105 SE 1ST ST.  
CHIEFLND FL 32626

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 to be removed, if applicable, and then applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS  
1. TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BEAUCHAMP, ROBERT J  
CITY-ST-ZIP 105 SE 1ST STREET  
CHIEFLND FL 32626  
1. TITLE ☐ DELETE  
NAME D  
STREET ADDRESS GENTRY, HERMAN  
CITY-ST-ZIP HWY 19 & 27  
CHIEFLND FL 32626  
1. TITLE ☐ DELETE  
NAME D  
STREET ADDRESS HOLMES, CLYN  
CITY-ST-ZIP HWY 341 SOUTH  
CHIEFLND FL 32626  
1. TITLE ☐ DELETE  
NAME D  
STREET ADDRESS ALLEN, MELANIE  
CITY-ST-ZIP 439 NW 6TH ST.  
CHIEFLND FL 32626  
1. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
☐ Change ☐ Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 904-493-4808  
Date Daytime Phone #

CR2E037 (12/95)