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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49325 (6)

1. Corporation Name
CHIEFLAND ATHLETIC BOOSTER CLUB, INC.

Principal Place of Business 107 E PARK AVENUE CHIEFLND FL 32626 US	Mailing Address POST OFFICE BOX 1777 CHIEFLND FL 32644 US
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3. Date Incorporated or Qualified
06/04/1992

4. FEI Number
59-3128337

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEAUCHAMP, ROBERT J	
STREET ADDRESS	105 SE 1ST STREET	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GENTRY, HERMAN	
STREET ADDRESS	HWY 19 & 27	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, CLYN	
STREET ADDRESS	HWY 341 SOUTH	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, MELANIE	
STREET ADDRESS	439 NW 6TH ST.	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITZENBERGER, KEN	
STREET ADDRESS	HWY 330	
CITY-ST-ZIP	CHIEFLND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GENTRY, SHIRLEY	
1.3 STREET ADDRESS	6450 N.W. 1500 STREET	
1.4 CITY-ST-ZIP	CHIEFLAND, FL 32626	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BAKER, CHARLIS	
2.3 STREET ADDRESS	11851 N.W. 78th Turn	
2.4 CITY-ST-ZIP	CHIEFLAND FL 32626	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Donna Brock	
3.3 STREET ADDRESS	North Bronson Avenue	
3.4 CITY-ST-ZIP	Trenton, FL 32693	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charles J. Baker* **3-9-98 (866)495-4184**

CR2E037 (10/97)