

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003822

FILED
Jan 24, 2005
Secretary of State

Entity Name: THE SOUTH CHIEFLAND DEVELOPMENT CORPORATION

Current Principal Place of Business:

4 WEST PARK AVE.
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

4 WEST PARK AVE.
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 59-3564315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT L
923 N.E. 11TH DRIVE
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

WILLIAMS, ROBERT L
11570 NW 68TH TERRACE
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: ROBERT L. WILLIAMS

01/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NELSON, CARETHA B
Address: POST OFFICE BOX 277 N/A
City-St-Zip: CHIEFLAND, FL 32644

Title: D () Delete
Name: ENGLISH, BERNICE
Address: 2250 N.W. HIGHWAY 27A
City-St-Zip: CHIEFLAND, FL 32626

Title: T () Delete
Name: WILLIAMS, EDDIE J
Address: P.O. BOX 123
City-St-Zip: CHIEFLAND, FL 326440123

Title: D () Delete
Name: ENGLISH, ARTHUR
Address: 2250 N.W. HIGHWAY 27A
City-St-Zip: CHIEFLAND, FL 32626

Title: P () Delete
Name: WILLIAMS, ROBERT L
Address: 923 NE 11TH DR
City-St-Zip: CHIEFLAND, FL 32626

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: D () Change (X) Addition
Name: WYNN, JACOB
Address: 215 SW 5TH STREET
City-St-Zip: CHIEFLAND, FL 32626

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT L.WILLIAMS

D

01/24/2005

Electronic Signature of Signing Officer or Director

Date