

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90029 049 ****61.25

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1. Entity Name

THE SOUTH CHIEFLAND DEVELOPMENT CORPORATION



Principal Place of Business

**4 WEST PARK AVE.
CHIEFLAND FL 32626**

Mailing Address

**4 WEST PARK AVE.
CHIEFLAND FL 32626**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3564315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, ROBERT L
11570 NW 68TH TERRACE
CHIEFLAND FL 32626**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NELSON, CARETHA B**
STREET ADDRESS **POST OFFICE BOX 277 N/A**
CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE **~~Secretary~~** ☐ Delete
NAME **ENGLISH, BERNICE**
STREET ADDRESS **2250 N.W. HIGHWAY 27A**
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **Treasurer** ☐ Delete
NAME **WILLIAMS, EDDIE J**
STREET ADDRESS **P.O. BOX 123**
CITY-ST-ZIP **CHIEFLAND FL 32644-0123**

TITLE **D** ☐ Delete
NAME **ENGLISH, ARTHUR**
STREET ADDRESS **2250 N.W. HIGHWAY 27A**
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **~~P.D.~~** ☐ Delete
NAME **WILLIAMS, ROBERT L**
STREET ADDRESS **923 NE 11TH DR**
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **~~President~~** ☐ Delete
NAME **WYNN, JACOB**
STREET ADDRESS **215 SW 5TH STREET**
CITY-ST-ZIP **CHIEFLAND FL 32626**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Young, Pearl M.** ☐ Change ☒ Addition
NAME **P.O. Box 630 (Asst. Secretary)**
STREET ADDRESS **Chiefland Fla 32644**
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Willie Jones Jr.**
STREET ADDRESS **P.O. Box 641**
CITY-ST-ZIP **Chiefland, FL 32644**

TITLE **D** ☐ Change ☒ Addition
NAME **Joe Eddie Scott SR.**
STREET ADDRESS **P.O. Box 515**
CITY-ST-ZIP **Chiefland, FL 32644**

TITLE **D** ☐ Change ☒ Addition
NAME **Dorothy K. Scott**
STREET ADDRESS **P.O. Box 515**
CITY-ST-ZIP **Chiefland, FL 32644**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L Williams

2/14/06

352-443-2558