

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90035 046 ****70.00

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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 - No P.O. Box #

3. Mailing Address

11590 NW 68TH TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C

City & State

Chiefland Fl.

Zip

Country

32626

Country

Levy

4. FEI Number

59-3564315

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, ROBERT L
11590 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, 2008

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	<input type="checkbox"/> Delete
NAME	NELSON, CARETHA B	
STREET ADDRESS	POST OFFICE BOX 277 N/A	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLISH, BERNICE	
STREET ADDRESS	2250 N.W. HIGHWAY 27A	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, EDDIE J	
STREET ADDRESS	P.O. BOX 123	
CITY-ST-ZIP	CHIEFLAND FL 32644-0123	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLISH, ARTHUR	
STREET ADDRESS	2250 N.W. HIGHWAY 27A	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT L	
STREET ADDRESS	11590 NW 68TH TERRACE	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 registrar 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 Robert L Williams

2-12-08

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493.6755