2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N99000003822

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:

11590 NW 68TH TERR
C
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
11590 NW 68TH TERRACE
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

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: _____

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: ENGLISN, 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: 11590 NW 68TH TERRACE
City-St-Zip: CHIEFLAND, FL 32626

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 PRES 04/16/2009

Electronic Signature of Signing Officer or Director — Date