


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90002 040 ****61.25

DOCUMENT # N99000005778 1. Entity Name CHIEFLAND SPORTS CONNECTION, INC.					
Principal Place of Business 14238 NW HWY 19 CHIEFLAND FL 32626		Mailing Address 14238 NW HWY 19 CHIEFLAND FL 32626			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3597059	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECK, PHILLIP K 11151 NW 115 STREET CHIEFLAND FL 32626				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEMENTELLI, CARMELA M		NAME		
STREET ADDRESS	6750 NW 153 LANE		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND FL 32644		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEMENTELLI, CAT		NAME		
STREET ADDRESS	6750 NW 153 LANE		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND FL 32644		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITTINGTON, DEANNE		NAME	Carla Wilson	
STREET ADDRESS	10509 SE CR 319		STREET ADDRESS	7351 NW 35th St.	
CITY-ST-ZIP	TRENTON FL 32693		CITY-ST-ZIP	Chiefland, FL 32626	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, BERNARD		NAME		
STREET ADDRESS	109 NE 5TH ST		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND FL 32626		CITY-ST-ZIP		
TITLE	DPA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GATES, TOMMY		NAME		
STREET ADDRESS	OHIO AVE		STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL 32699		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <i>Carmela M. Sementelli</i> Carmela M. Sementelli			8/15/04 352-493-0568		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		