

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006307

FILED  
Jan 17, 2006  
Secretary of State

**Entity Name:** CHIEFLAND AREA ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 1844  
CHIEFLAND, FL 32644

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1844  
CHIEFLAND, FL 32644

**New Mailing Address:**

**FEI Number:** 59-3610421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEATHERFORD, WAYNE  
11950 NW 110TH TERR.  
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: DP ( ) Delete  
Name: WEATHERFORD, WAYNE  
Address: 11950 NW 110TH TERR.  
City-St-Zip: CHIEFLAND, FL 32626

Title: DVP ( ) Delete  
Name: RICHBURGE, HAROLD  
Address: PO BOX 2471  
City-St-Zip: CHIEFLAND, FL 32644

Title: DT ( ) Delete  
Name: STEED, JAMIE  
Address: 7233 NW 15TH ST.  
City-St-Zip: TRENTON, FL 32693

Title: S ( ) Delete  
Name: MARTINEZ, SALLY  
Address: 1350 NW HWY 27  
City-St-Zip: CHIEFLAND, FL 32626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DVP (X) Change ( ) Addition  
Name: ANDERSON, JIMMY  
Address: 1771 NW ALT 27  
City-St-Zip: CHIEFLAND, FL 32626

Title: DT (X) Change ( ) Addition  
Name: CLAVERIA, TOM  
Address: P.O. BOX 2512  
City-St-Zip: CHIEFLAND, FL 32644

Title: S (X) Change ( ) Addition  
Name: HILL, CHERYL  
Address: P.O. BOX 268  
City-St-Zip: GULF HAMMOCK, FL 32639

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE WEATHERFORD

P

01/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date