2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2007
Secretary of State

DOCUMENT# N99000006307

Entity Name: CHIEFLAND AREA ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1844
CHIEFLAND, FL 32644

New Principal Place of Business:

11950 NW 110 TERRACE
CHIEFLAND, FL 32626

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: ANDERSON, JIMMY
Address: 1771 NW ALT 27
City-St-Zip: CHIEFLAND, FL 32626

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

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

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:

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 DP 01/28/2007

Electronic Signature of Signing Officer or Director — Date