

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90321 007 \*\*\*\*61.25

<b>DOCUMENT # N99000006307</b> 1. Entity Name <b>CHIEFLAND AREA ATHLETIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>11950 NW 110 TERRACE CHIEFLAND, FL 32626</b>			Mailing Address <b>PO BOX 1844 CHIEFLAND, FL 32644</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02042008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>59-3610421</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEATHERFORD, WAYNE 11950 NW 110TH TERR. CHIEFLAND, FL 32626</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEATHERFORD, WAYNE</b>		NAME		
STREET ADDRESS	<b>11950 NW 110TH TERR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHIEFLAND, FL 32626</b>		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDERSON, JIMMY</b>		NAME		
STREET ADDRESS	<b>1771 NW ALT 27</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHIEFLAND, FL 32626</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HILL, CHERYL</b>		NAME	<b>LANGFORD, DANA</b>	
STREET ADDRESS	<b>P.O. BOX 268</b>		STREET ADDRESS	<b>3551 NW 140TH STREET</b>	
CITY-ST-ZIP	<b>GULF HAMMOCK, FL 32639</b>		CITY-ST-ZIP	<b>CHIEFLAND, FL 32626</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>DENIER, CHERYL</b>	
STREET ADDRESS			STREET ADDRESS	<b>PO BOX 268</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>GULF HAMMOCK, FL 32639</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>MORGAN, MICKEY</b>	
STREET ADDRESS			STREET ADDRESS	<b>8991 NW 111 LANE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>CHIEFLAND, FL 32626</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>HINOTE, BILLY</b>	
STREET ADDRESS			STREET ADDRESS	<b>3350 NW 57 COURT</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>CHIEFLAND, FL 32626</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>			<b>4-12-08    352493-0657</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		