

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006307

FILED  
Jan 07, 2010  
Secretary of State

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

**Current Principal Place of Business:**

11950 NW 110 TERRACE  
CHIEFLAND, FL 32626

**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 (X)**

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

MAINWARING, LEWRISSA  
4551 NW 100TH AVE  
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  
**Name:** WEATHERFORD, WAYNE  
**Address:** 11950 NW 110TH TERR.  
**City-St-Zip:** CHIEFLAND, FL 32626

**Title:** DVP  
**Name:** HINTOE, BILLY  
**Address:** 3350 NW 57 CRT  
**City-St-Zip:** CHIEFLAND, FL 32626

**Title:** S  
**Name:** SMITH, LIZ  
**Address:** 106 SE 4TH ST  
**City-St-Zip:** CHIEFLAND, FL 32626

**Title:** T  
**Name:** MAINWARING, LEWRISSA  
**Address:** 4551 NW 100TH AVE  
**City-St-Zip:** CHIEFLAND, FL 32626

I hereby 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 all other like empowered.

**SIGNATURE:** LEWRISSA MAINWARING, TREASURER

T

01/07/2010

Electronic Signature of Signing Officer or Director

Date