FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44790** **(6)**

1. Corporation Name

THE SANTA ROSA COUNTY TRIBE OF CREEK INDIANS, IN C.

Principal Place of Business	Mailing Address
4344 HWY. 90 STE. A PACE FL 32571 US	4344 HWY. 90 STE. A PACE FL 32571 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/22/1991**
3a. Date of Last Report: **06/07/1994**
4. FEI Number: **59-2720194** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under [illegible] Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COX, GLADYS
4824 W. SPENCERFIELD RD.
PACE FL 32570

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, THOMAS E.	12 NAME	
STREET ADDRESS	2300 NICHOLS LAKE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PITMAN, RICHARD A.	22 NAME	
STREET ADDRESS	7185 SCHWAB DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	HUNT, PAT	32 NAME	SD Thompson, Wilene
STREET ADDRESS	2131 FAIRCHILD ST.	33 STREET ADDRESS	5773 Miller Bluff Rd.
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Milton, Fl.
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	COX, GLADYS	42 NAME	
STREET ADDRESS	4824 W. SPENCERFIELD RD.	43 STREET ADDRESS	
CITY-ST-ZIP	PACE FL	44 CITY-ST-ZIP	
TITLE	DC	51 TITLE	☐ Change ☐ Addition
NAME	JONES, CHARLES A.	52 NAME	
STREET ADDRESS	20750 CO. RD.	53 STREET ADDRESS	
CITY-ST-ZIP	ROBERTSDALE AL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas C. Nichols 4-3-95 904 994 4882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072361