FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **N44790** (6)

1. Corporation Name

~~THE SANTA ROSA COUNTY TRIBE OF CREEK INDIANS, INC.~~
C. THE SANTA ROSA COUNTY TRIBE OF THE LOWER CREEK MUSKOGEE INDIANS OF FLORIDA, INC.

NC 3-4-96
SG

Principal Place of Business	Mailing Address
~~4344 Hwy. 90~~ 4344 Hwy. 90 Suite A ~~PACE FL 32571~~ US	~~4344 Hwy 90~~ 4344 Hwy. 90 Suite A ~~PACE FL 32571~~ US

3. Date Incorporated or Qualified: 08/22/1991	3a. Date of Last Report: 04/06/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1101 S. Fairfield Dr.	26 4824 W. Spencerfield Rd.
Suite, Apt. #, etc. 22 Room 1	Suite, Apt. #, etc. 27
City & State 23 Pensacola, FL	City & State 28 Pace, FL
Zip / Country 24 32506 / 25 Escambia	Zip / Country 29 32571 / 30 Santa Rosa

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) P96000035637
-05/06/96--01025--023

83 ***61.25

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Gladys M. Cox DATE 4/25/96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NICHOLS, THOMAS E. 2300 NICHOLS LAKE RD. MILTON FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Charles L. Ellis 8810 Jernigan Rd. Pensacola, FL 32514	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PITMAN, RICHARD A. 7185 SCHWAB DRIVE PENSACOLA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Ron Price [illegible] Jones Street Milton, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMPSON, WILENE 5773 MILLER BLUFF RD. MILTON FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Patricia Hunt 2131 Fairchild Street Pensacola, FL 32504	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COX, GLADYS 4824 W. SPENCERFIELD RD. PACE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Patricia Hunt 2131 Fairchild Street Pensacola, FL 32504	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC JONES, CHARLES A. 20750 CO. RD. ROBERTSDALE AL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DC Hal Lunsford 203 Dixon Street Milton, FL 32570	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Patricia Hunt Patricia Hunt 4-23-96 (904) 484-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #