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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001107 (9)

1. Corporation Name

NORTH BAY CLAN CREEK INDIAN CHAPEL, INC.



Principal Place of Business

Mailing Address

3733 HWAY 2321
LYNN HAVEN FL 32444

POST OFFICE BOX 687
LYNN HAVEN FL 32444-0687

3. Date Incorporated or Qualified
02/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODS, LONZO E
5012 EAST 4TH STREET
PANAMA CITY FL 32404

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 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

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

T. PRESIDENT/PASTOR
NAME: LONZO E. WOODS
STREET ADDRESS: 5012 E. 4th St.
CITY-ST-ZIP: PANAMA CITY FL 32404

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

KPT V. PRESIDENT
NAME: WILSIE WILLIAMS
STREET ADDRESS: 3709 E. 5th St.
CITY-ST-ZIP: PANAMA CITY FL 32401

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

ST. SECRETARY/TRES.
NAME: CAROL WHITE
STREET ADDRESS: 4308 HUCKLEBERRY LANE
CITY-ST-ZIP: SOUTHPORT FL 32409

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T. PASTOR
NAME: EDGAR PITTMAN
STREET ADDRESS: 3207 COWAN ROAD
CITY-ST-ZIP: SOUTHPORT, FL 32409

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

T. TRUSTEE
NAME: BARRY BOWEN
STREET ADDRESS: 308 SOUTH BAY AVE
CITY-ST-ZIP: PANAMA CITY, FL 32404

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

T. TRUSTEE
NAME: RICHARD BOWNER
STREET ADDRESS: 11619 NORTH BEAR CREEK Rd
CITY-ST-ZIP: PANAMA CITY, FL 32404

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: Lonzo E. Woods LONZO E. WOODS

1-16-97

904-763-6717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0010107

CR2E037 (9/96)