FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N96000001107 (9)

NORTH BAY CLAN CREEK INDIAN CHAPEL, INC.

Principal Flace of Business Walling Address						
3733 HIWAY 2321 POST OFFICE BOX 687 LYNN HAVEN FL 32444 LYNN HAVEN FL 32444						3. Date Incorporated or Qualified
FIRM MACH	C 32777	LYNN HAVEN FL 32444				02/29/1996
						4. FEI Number Applied For
						NOT APPLICABLE Not Applicable
2. Principal Place of Business 2a. Mailing Address			s			5. Certificate of Status Desired \$8.75 Additional
[21]		26				Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution Added to Fees
City & State		City & State				7. Is this nonprofit corporation a homeowners association?
23		Zip Country			☐ Yes ☐ No	
Zip				4 ·		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	25 29 9. Name and Address of Current Registered Agent		30			Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent
	5. Hatin and Addies of Carle	in mogratored Agent		81	Name	10. Numb and Addiese of New Hegistered Agent
WOODS	WOODS, LONZO E					
	, LONZO E ST 4TH STREET		82 Street Add		Street Ad	ddress (P.O. Box Number is Not Acceptable)
1			}	83		
PANAMA	CITY FL 32404			•		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508. Florida Statut	tes, the ab	ove	-named co	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	d by	the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
I .	on raminarywan, and accept intersoil	Jayons or, Suchuli 617.0303, Pi	OHOB SIBIL	oles	•	401 12 1990
SIGNATURE .	Signature, need or printing name of registered ag	Yoock part and title if applicable (NOT	TL: Flogistered	Ager	nt signature rec	quired when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	DELETE	1.1 717	LE		☐ Change ☐ Addition
NAME	WOODS, LONZO E		1.2 NA	ME		
STREET ADDRESS			1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL			TY-\$1	r- 2 IP	
TITLE	VPT	☐ DELETE	2.1 TIT	TLE		Change Addition
NAME	WILLIAMS, WILSIE		2.2 NA	ME		
STREET ADDRESS	3709 E 5TH ST		2.3 STREET ADDRI		ADDRESS	
CITY-ST-ZIP			2.4 CF	2.4 City-St-ZiP		
TeTLE	ST DELETE 3.		3.1 TIT	LE		☐ Change ☐ Addition
NAME	WHITE, CAROL		3.2 NA	3.2 NAME		
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CI	ITY-S	T-ZIP	
TITLE	T	☐ DELETE	4.1 TIT	ILE		☐ Change ☐ Addition
NAME	Pittman, Edgar		4.2 N/	AME		
STREET ADDRESS	3207 COWAN ROAD		4.3 ST	4.3 STREET A		
CITY-ST-ZIP	SOUTH PORT FL		4.4 CIT	TY-ST	r- ZIP	
TITLE	T	DELETE	5.1 TIT	LE		☐ Change ☐ Addition
NAME	BOWEN, BARRY		5.2 NA	ME	-	
STREET ADDRESS	RESS 308 SOUTH GAY AVE 5.3		5.3 ST	REET	ADDRESS	
CITY-ST-ZIP	DAMASA OFFICE		5.4 CIT	IY-SI	- Ž IP	
TITLE	Ť	☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME	BODNER, RICHARD		6.2 NA	ME		
STREET ADDRESS	11619 NORTH BEAR CREEK	RD	63.51	REST	ADDRESS	

14. Thereby 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 supplimental 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

ROUSD & WOODS

Feb./2, 1998

FILED

Feb 24 1998 8:00am

Secretary of State