

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90010 031 \*\*\*\*70.00

**DOCUMENT # N96000001107**

1. Entity Name

**NORTH BAY CLAN CREEK INDIAN CHAPEL, INC.**



Principal Place of Business

**3733 HIWAY 2321  
LYNN HAVEN FL 32444**

Mailing Address

**POST OFFICE BOX 687  
LYNN HAVEN FL 32444**

**04010000**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**POST OFFICE BOX 10013**

Suite, Apt. #, etc.

City & State

**PANAMA CITY, FL.**

Zip

**32404-1013**

Country

**UNITED STATES**



**MOORE**

**CR2E037 (11/03)**

4. FEI Number

**NO-T APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**WILLIAMS, WILSIE  
3709 E. 5TH ST.  
PANAMA CITY FL 32404**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Wilsie B Williams*

**WILSIE B WILLIAMS**

**22 Feb 04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | PT                        | <input type="checkbox"/> Delete            |
| NAME           | WILLIAMS, WILSIE          |                                            |
| STREET ADDRESS | 3709 E 5TH ST.            |                                            |
| CITY-ST-ZIP    | PANAMA CITY FL 32404      |                                            |
| TITLE          | VPT                       | <input checked="" type="checkbox"/> Delete |
| NAME           | WOODS, LONZO              |                                            |
| STREET ADDRESS | 5012 E. 4TH ST.           |                                            |
| CITY-ST-ZIP    | PANAMA CITY FL 32404      |                                            |
| TITLE          | ST                        | <input checked="" type="checkbox"/> Delete |
| NAME           | ROBINSON, MARY            |                                            |
| STREET ADDRESS | 707 E. 2ND ST.            |                                            |
| CITY-ST-ZIP    | PANAMA CITY FL 32401      |                                            |
| TITLE          | ST                        | <input type="checkbox"/> Delete            |
| NAME           | BOWEN, BARRY              |                                            |
| STREET ADDRESS | 308 SOUTH GAY AVE         |                                            |
| CITY-ST-ZIP    | PANAMA CITY FL            |                                            |
| TITLE          | T                         | <input type="checkbox"/> Delete            |
| NAME           | BODNER, RICHARD           |                                            |
| STREET ADDRESS | 11619 NORTH BEAR CREEK RD |                                            |
| CITY-ST-ZIP    | PANAMA CITY FL            |                                            |
| TITLE          | T                         | <input type="checkbox"/> Delete            |
| NAME           | BOWEN, SHIRLEY            |                                            |
| STREET ADDRESS | 308 SOUTH GAY AVE         |                                            |
| CITY-ST-ZIP    | PANAMA CITY FL            |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |                                                                              |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE          | S/T/T                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BARRY A. BOWEN        |                                                                              |
| STREET ADDRESS | 308 SOUTH GAY AVE     |                                                                              |
| CITY-ST-ZIP    | PANAMA CITY, FL 32404 |                                                                              |
| TITLE          | T                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOHNNY COFFEY         |                                                                              |
| STREET ADDRESS | 4237 MILL BAYOU ROAD  |                                                                              |
| CITY-ST-ZIP    | PANAMA CITY FL 32404  |                                                                              |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry A. Bowen* **BARRY A. BOWEN** **22 Feb 04** **850-769-0620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #