## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 28, 2005 8:00 am Secretary of State 02-28-2005 90183 034 \*\*\*\*70.00

DOCUMENT # N9600001107  1. Entity Name NORTH BAY CLAN CREEK INDIAN CHAPEL, INC.				02-1	28-2005 90183	034 ****	70.00	
Principal Place of Business 3733 HIWAY 2321 LYNN HAVEN, FL 32444  PANAMA CITY, FL 32404-10			l-1013					
2. Principal Place of Business 3. Mailing		. Mailing Address	ing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222005 Chg-N	P CR2E03	7 (10/03)		
City & State		City & State		4. FEI Number NOT APPLICAE	BLE		plied For t Applicable	
Zip	Country	Zìp	Country	5. Certificate of Status I		\$8.75 Add Fee Required		
•	6. Name and Address of Current Reg	istered Agent		7. Name and Address	of New Registered A	igent .		
WILLIAMS	S. WILSIE		Name	Name				
WILLIAMS, WILSIE 3709 E. 5TH ST. PANAMA CITY, FL 32404			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	<del>)</del>	
	e named entity submits this statement for the tions of registered agent.	purpose of changing its re	egistered office or regist	tered agent, or both, in the S	itate of Florida. I am fa	amiliar with,	and accept	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					1-25-	05		
	Signature, typed or privated name or registered agent and t	tie ii appacabie. (NOTE: F	registered Agent signature requi	red when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check Florida Depart	ment of St	ate	
10.	Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT	9. Election Camp Trust Fund Co	align Financing ntribution.	\$5.00 May Be	Make check Florida Depart	RECTORS IN	ate	
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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: Bury A. Bowen
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-283-5330