2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N96000001107 02-13-2006 90022 027 ****70.00 1. Entity Name NORTH BAY CLAN CREEK INDIAN CHAPEL, INC. Principal Place of Business Mailing Address 3733 HIWAY 2321 P.O. BOX 10013 PANAMA CITY FL 32404-1013 LYNN HAVEN FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 4. FEI Number 96000 1/07 NO-T APPLICABLE Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75_Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, WILSIE Street Address (P.O. Box Number is Not Acceptable) 3709 E. 5TH ST. PANAMA CITY FL 32404 City Zip Code 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. | am familiar with, and accept the obligations of registered agent. 1 Ach 06 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition THE ☐ Delete TITLE WILLIAMS, WILSIE NAME NAME 3709 E 5TH ST. STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete COFFEY, JOHNNY NAME 4237 MILL BAYOU RD. STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change STT ☐ Delete TITLE TITLE BOWEN, BARRY NAME NAME 308 SOUTH GAY AVE STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change Change Delete TITLE JOHNSTON JOHNNY Rd. 2631 Mª CORMICK Rd. NAME BODNER, RICHARD STREET ADDRESS STREET ADDRESS 11619 NORTH BEAR CREEK RD SoutH PORT PANAMA CITY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE BOWEN, SHIRLEY NAME 308 SOUTH GAY AVE STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Feb 13, 2006 8:00 am

if changed, or on an attachment with an address, with all other like empowered.

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CICNATURE: RAPPU A BOWNEN BOOM BOWNEN STATE TO THE FORM 769-0630

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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