

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State



DOCUMENT # N96000001107
 1. Entity Name
NORTH BAY CLAN CREEK INDIAN CHAPEL, INC.

Principal Place of Business Mailing Address
3733 HIWAY 2321 **P.O. BOX 10013**
LYNN HAVEN FL 32444 **PANAMA CITY FL 32404-1013**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
96-0001107 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, WILSIE
3709 E. 5TH ST.
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT WILLIAMS, WILSIE 3709 E 5TH ST. PANAMA CITY FL 32404	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T COFFEY, JOHNNY 4237 MILL BAYOU RD. PANAMA CITY FL 32404	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STT BOWEN, BARRY 308 SOUTH GAY AVE PANAMA CITY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T JOHNSTON, JOHNNY 2631 MCCORMICK RD SOUTH PORT FL 32444	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BOWEN, SHIRLEY 308 SOUTH GAY AVE PANAMA CITY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: Barry A. Bowen **BARRY A. BOWEN** 23 Jan 07 850-283-5330