


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 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.

City & State City & State

Zip Country Zip Country

4. FEI Number **96-0001107** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/07)

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 *Wilsie Williams* **WILSIE WILLIAMS** *7 Feb 08*  
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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 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** *7 Feb 08* **850-769-0620**