2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N96000001107

Entity Name: NORTH BAY CLAN CREEK INDIAN CHAPEL, INC.

Current Principal Place of Business:

3733 HIWAY 2321
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10013
PANAMA CITY, FL 324041013

New Mailing Address:

FEI Number: 96-0001107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: WILLIAMS, WILSIE
Address: 3709 E 5TH ST.
City-St-Zip: PANAMA CITY, FL 32404

Title: T ( ) Delete
Name: COFFEY, JOHNNY
Address: 4237 MILL BAYOU RD.
City-St-Zip: PANAMA CITY, FL 32404

Title: STT ( ) Delete
Name: BOWEN, BARRY
Address: 308 SOUTH GAY AVE
City-St-Zip: PANAMA CITY, FL

Title: T ( ) Delete
Name: JOHNSTON, JOHNNY
Address: 2631 MCCORMICK RD
City-St-Zip: SOUTH PORT, FL 32444

Title: T ( ) Delete
Name: BOWEN, SHIRLEY
Address: 308 SOUTH GAY AVE
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAMS WILSIE PT 01/08/2009

Electronic Signature of Signing Officer or Director — Date