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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

728112

(4)

THE MUSKOGEE CREEK INDIAN NATION EAST OF THE MIS SISSIPPI, INC.

Principal Place	e of Business	Mailing Address				l	1 (0 B)11 (BQ(0 (10A) 1818) 110	NE TIMIN EINT RI	IAIC GARAL RIGHT AIRE	81811 B1811 ISB1	
WOODS CRE	eek road	RT 4, BOX 652									
RT. 5 BOX 6		PERRY FL 32347									
PERRY FL 3	2347					-	3. Date Incorporated or Quali	fod Ta	a. Date of Last	Donort	
US							11/26/1973	"S. 1 3	03/17/1		
2. Principal P	lace of Business	2a. Mailing Address				- +	4. FEI Number				
21		26 RD BOX 328				NOT APPLICABLE			Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.								Additional	
22		27					Certificate of Status Desire	d 🔲		Required	
City & State		Çity & State				6. Election Campaign Financia			0 May Be		
23		28 PERRY FIA	١.				Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Cou	intry			8. This corporation has liability	v for intangi			
24	25	29 32347	30	74	110	ne.	Florida Statutes		s 🗆 No	100.002,	
	9. Name and Address of Current	Registered Agent					0. Name and Address of N	ew Registr	ered Agent		
				81	Name)					
BELLHY, DANIEL R					Street	Addrage	(P.O. Box Number is Not Acce	antahla)			
1216 N.	PARKVIEW ST.		82 Street Ac			Addi Çaş	(.c. box Hambor is Not Acce	ptabloj			
PERRY I	FL 32347		83								
				84	City						
					=			1	PLII	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abo	ove-na	med co	corporation	submits this statement for the	e purpose d	of changing its re	egistered office	
familiar wi	red agent, or both, in the State of Florid ith, and accept the obligations of, Section	a. Such change was authorized in 617.0503, Florida Statutes.	by the o	corpo	ration's	s board of	directors. I hereby accept the	appointme	nt as registered	agent. I am	
SIGNATURE	Flaniel & Bell										
	Signature, typed or printed name of registered agent a		Registered	l Agent :	signature r	required when	n reinstating)	D/	ATE		
12.	OFFICERS AND DIRECTORS		13.	· · · · · · · · · · · · · · · · · · ·		·	ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	RS IN 12	
TITLE	DP	DELETE		1.1 TITLE					Change	Addition	
NAME	BLUE, SAM		1.2 N	AME		-					
STREET ADDRESS	RT 4, BOX 652		1.3 \$1	TAEET A	ODRESS						
CITY-SI-ZIP	PERRY FL 32347		1.4 CI	1.4 CITY-ST-ZIP							
TITLE	DV DELETE		2 1 Tr	2 1 THTLE					Change	Addition	
NAME	PARTER, LOUIS A		2.2 N/	.2 NAME							
STREET ADDRESS	RT. 5 BOX 645		2.3 STREET ADDRE		DDRESS						
CITY-ST-ZIP	PERRY FL 32347		2.4 C	2. 4 CITY - ST - ZIP							
TITLE	_		3.1 TI	3.1 TITLE 人		LIN	IDA LAWSON		☐ Change	☐ Addition	
NAME	PARKER, RUTHIE MAE			32 NAME D		Dt.	5 Box 382				
STREET ADDRESS	RT. 5 BOX 645		3351	rreet a	DDRESS	10	da Lawson 5 Box 382 cy, Florida	10.	1.		
CITY - S1 - ZIP	PERRY FL 32347			17Y-\$T	ZIP	TERK	Cy, FIORIUA	3737	Y 7		
TITLE	DT	DELETE	4.1 Tr	TLE			<i>r</i> ·		☐ Change	Addition	
NAME	HANSON, BETTY		4. 2 N	AME						1	
STREET ADDRESS	RT 5, BOX 28		4.3 ST	rreet ai	DDRESS					1	
City-St-7IP	PERRY FL 32347		-	TY-ST-	ŽIP	 					
TITLE	D	DELETE	5.1 TITLE						☐ Change	Addition	
NAME	WILLIAM, JEFFERY		52 NA	ME							
STREET ADDRESS	P.O. BOX 313 N/A		5.3 ST	REET A	DORESS					ļ	
CITY-ST-ZIP	PERRY FL		5.4 CI	TY-ST-	2IP	ļ					
TITLE		DELETE	6.1 717	TLE					Change	Addition	
NAME			62 NA	ME							
STREET ADDRESS			63 ST	REET A	DORESS						
CITY-ST-ZIP			64 CF	TY-ST-	ZIP						
بداميموا ماما اهدا	u postituito de la	AL AL - CC									

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED ROME OF SIGNING OFFICER OR DIRECTOR

RECTOR

Devtin

R KARKI IDAID KIRAF KURU ITADI DAKA KIRI BIRKI DADIK ANDIK ANDIK DIBIK DIDIK

Daytima Phone #

CR2E037 (12/95)