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Feb 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 728112 (4)

1. Corporation Name

THE MUSKOGEE CREEK INDIAN NATION EAST OF THE MISSISSIPPI, INC.

Principal Place of Business

Mailing Address

WOODS CREEK ROAD 804  
PERRY FL 32347  
USP.O. BOX 328  
PERRY FL 32348-0328  
US3. Date Incorporated or Qualified  
11/26/19733a. Date of Last Report  
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JEFF  
RT. 4, BOX 852  
PERRY FL 32347

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Jeff H. Williams*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BLUE, SAM  
STREET ADDRESS RT 4, BOX 852  
CITY-ST-ZIP PERRY FL 323471.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD  
NAME WILLIAMS, JEFF  
STREET ADDRESS RT. 4, BOX 570  
CITY-ST-ZIP PERRY FL 323472.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VD  
NAME DIAZ, ARNELIO  
STREET ADDRESS RT. 1, BOX 1306-2  
CITY-ST-ZIP PERRY FL 323473.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE TD  
NAME HANSON, BETTY  
STREET ADDRESS RT 5, BOX 28  
CITY-ST-ZIP PERRY FL 323474.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE SD  
NAME MOODY, DONNA  
STREET ADDRESS RT. 2, BOX 252-42  
CITY-ST-ZIP PERRY FL 323475.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97 (904) 584-6039

CR2E037 (9/96)