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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
RT. 5 BOX 645
PERRY FL 32347
US**

**P.O. BOX 328
PERRY FL 32347
US**

3. Date Incorporated or Qualified

11/26/1973

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Lyman Hendry Road

26 Suite, Apt. #, etc.

22 Rt 4 Box 652

27 Suite, Apt. #, etc.

City & State

City & State

23 Perry Florida 32347

28 City & State

Zip Country

Zip Country

24

29

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, JEFF
RT. 4, BOX 652
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLUE, SAM	
STREET ADDRESS	RT 4, BOX 652	
CITY-ST-ZIP	PERRY FL 32347	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JEFF	
STREET ADDRESS	RT. 4, BOX 570	
CITY-ST-ZIP	PERRY FL 32347	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, ARNELIO	
STREET ADDRESS	RT. 1, BOX 1306-2	
CITY-ST-ZIP	PERRY FL 32347	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rebecca Sinnott
3.3 STREET ADDRESS	Rt 1 Box 158-C
3.4 CITY-ST-ZIP	Monticello, FLA 32344

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HANSON, BETTY	
STREET ADDRESS	RT 5, BOX 28	
CITY-ST-ZIP	PERRY FL 32347	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOODY, DONNA	
STREET ADDRESS	RT. 2, BOX 252-42	
CITY-ST-ZIP	PERRY FL 32347	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

Jeff Williams (T.O.)

4-28-1998

CP2E037 (10/97)