

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90193 016 \*\*\*\*61.25

DOCUMENT # 728112

1. Corporation Name

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

Principal Place of Business

LYMAN HENDRY RD  
RT 4 BOX 652  
PERRY FL 32347  
US

Mailing Address

P.O. BOX 328  
PERRY FL 32347  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/26/1973

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, JEFF  
RT. 4, BOX 652  
PERRY FL 32347

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME BLUE, SAM  
STREET ADDRESS RT 4, BOX 652  
CITY-ST-ZIP PERRY FL 32347

TITLE VD ☒ DELETE

NAME WILLIAMS, JEFF  
STREET ADDRESS RT. 4, BOX 570  
CITY-ST-ZIP PERRY FL 32347

TITLE VD ☐ DELETE

NAME SINNOTT, REBECCA  
STREET ADDRESS RT 1 BOX 158-C  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE TD ☐ DELETE

NAME HANSON, BETTY  
STREET ADDRESS RT 5, BOX 28  
CITY-ST-ZIP PERRY FL 32347

TITLE SD ☒ DELETE

NAME MOODY, DONNA  
STREET ADDRESS RT. 2, BOX 252-42  
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MICHELLE HANSON  
RT 5 BOX 276  
PERRY, FLA 32347

LISA THOMPSON  
RT 1 BOX 861A  
GREENVILLE, FLA 32331

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, with all other like empowered.

SIGNATURE: JEFF WILLIAMS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

584-2322

Date

Daytime Phone #

CR2E037 (11/98)