

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90121 008 ****66.25

DOCUMENT # 728112

1. Entity Name

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



Principal Place of Business

**1200 LYMAN HENDRY RD
PERRY FL 32347
US**

Mailing Address

**1920 US 221 N
PERRY FL 32347
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SINNOTT, REBECCA
8736 MCKENDREE ROAD
ZEPHYRHILLS FL 33544**

7. Name and Address of New Registered Agent

Name **Blake Lane**

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

4420 TURNER RD

City

Mulberry

FL

Zip Code

33860

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Blake B. Lane

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BLUE, SAM**
STREET ADDRESS **4201 J.J. BLUE RD**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **VD** ☐ Delete
NAME **HANSON, MICHELLE**
STREET ADDRESS **2686 WOODS CREEK RD**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **VD** ☐ Delete
NAME **GARY, MARCIA**
STREET ADDRESS **4420 TURNER ROAD**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **TD** ☐ Delete
NAME **HANSON, BETTY**
STREET ADDRESS **1920 N US 221**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **SD** ☐ Delete
NAME **GARY, MARCIA**
STREET ADDRESS **4420 TURNER RD**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **SD** ☐ Delete
NAME **MATHIS, SHANNON**
STREET ADDRESS **580 MARVIN ROBERTS ROAD**
CITY-ST-ZIP **PERRY FL 32347**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty Hanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Date

1-850-584-5213

Daytime Phone #