2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90070 032 ****61.25

DOCUMENT # 728112

1. Entity Name

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

Principal Place of Business	Mailing Address
1200 LYMAN HENDRY RD PERRY FL 32347 US	1920 US 221 N PERRY FL 32347 US

50001139

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
HANSON, BETTY 1920 US 221 N PERRY FL 32347	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Betty Hanson
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLUE, SAM 4201 J.J. BLUE RD PERRY FL 32347	☒ Delete	VICTOR HANSON 2686 Woods Creek Rd Perry, Fla 32347	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HANSON, MICHELLE 2686 WOODS CREEK RD PERRY FL 32347	☒ Delete	MIKE ZINN P.O. Box 1402 Brooksville, Fla. 34605	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANE, MARCIE B 2105 WILLOW OAK RD MULBERRY FL 33860	☒ Delete	Jeff Jenson 12030 Sulphur Ln. Brooksville, Fla 34613	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARTALINI, JILL POB 662 PERRY FL 32347	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANSON, TARA 2686 WOODS CREEK RD PERRY FL 32347	☒ Delete	PAM TAYLOR P.O. Box 628 Sumterville Fla 33585	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANE, BLAKE 2105 WILLOW OAK RD MULBERRY FL 33860	☒ Delete	Gene Taylor P.O. Box 628 Sumterville Fla 33585	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Betty Hanson 2/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #