2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728112

FILED Aug 29, 2009 Secretary of State

Entity Name: THE MUSKOGEE CREEK INDIAN NATION EAST OF THE MISSISSIPPI, INC.

Current Principal Place of Business: New Principal Place of Business:

1200 LYMAN HENDRY RD PERRY, FL 32347 US

Current Mailing Address: New Mailing Address:

1920 US 221 N

PERRY, FL 32347 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANSON, BETTY 1920 US 221 N PERRY EL 32347

PERRY, FL 32347 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: COB (X) Change () Addition Name: HANSON, VICTOR Name: HANSON, VICTOR

Address: 2636 WOOD CREEK RD Address: 1920 N US221
City-St-Zip: PERRY, FL 32347 City-St-Zip: PERRY, FL 32347

Title: VD () Delete Title: P (X) Change () Addition

 Name:
 ZINN, MIKE
 Name:
 HANSON, TARA

 Address:
 P.O. BOX 1402
 Address:
 2686 WOODS CREEK RD

City-St-Zip: BROOKSVILLE, FL 34605 Address. 2666 WOODS CREEK RL City-St-Zip: PERRY, FL 32347

 $\label{eq:title:title:vp} \textit{Title:} \qquad \textit{VP} \qquad \textit{(X) Change () Addition}$

Name:JENSON, JEFFName:JENSON, JEFFAddress:12030 SEELY LANE.Address:5679 WOODS CREEK RD

City-St-Zip: BROOKSVILLE, FL 34613 City-St-Zip: PERRY, FL 32347

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 BARTALINI, JILL
 Name:
 BARTALINI, GISELE

 Address:
 POB 662
 Address:
 POB 662

 City-St-Zip:
 PERRY, FL 32347
 City-St-Zip:
 PERRY, FL 32348

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 TAYLOR, PAM
 Name:
 JENSEN, HEATHER

 Address:
 P.O. BOX 628
 Address:
 12030 CEELY LANE

 City-St-Zip:
 SUMTERVILLE, FL 33585
 City-St-Zip:
 BROOKS, FL 34613

Title: SD (X) Delete Title: () Change () Addition

 Name:
 TAYLOR, GENE
 Name:

 Address:
 P.O. BOX 628
 Address:

 City-St-Zip:
 SUMTERVILLE, FL 33585
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GISELE BARTALINI TD 08/29/2009