

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

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90038 035 ****61.25

DOCUMENT # F06000002567

1. Entity Name

WOLF CREEK CHEROKEE TRIBE, INC.



Principal Place of Business

**5167 WARD BASIN RD
MILTON FL 32583**

Mailing Address

**P. O. BOX 263
MILTON FL 32572**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

63-1282532

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

**JOHNSON, KENNETH
5167 WARD BASIN RD.
MILTON FL 32583**

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

Signature, typed 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

TITLE **EDV** ☐ Delete
NAME **GRIFFITH, LORRAINE A**
STREET ADDRESS **556 GREASY BEND LANE**
CITY- ST- ZIP **STUART VA 24171**

TITLE **PC** ☐ Delete
NAME **GRIFFITH, GENE R SR.**
STREET ADDRESS **556 GREASY BEND LANE**
CITY- ST- ZIP **STUART VA 24171**

TITLE **S** ☒ Delete
NAME **CASH, KATHY D**
STREET ADDRESS **2266 PINE FOREST RD., LOT #6**
CITY- ST- ZIP **CANTONMENT FL 32533**

TITLE **T** ☒ Delete
NAME **DISHMAN, MARGIE**
STREET ADDRESS **371 SEMINOLE TRAIL**
CITY- ST- ZIP **DANVILLE VA 24540**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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 **VICE-CHIEF & DIRECTOR** ☒ Change ☐ Addition
NAME **DR. DUANE C. ANDERSON**
STREET ADDRESS **3701 LITTLE RIVER DRIVE**
CITY- ST- ZIP **FREDERICKSBURG, VA 22408**

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

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

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

12. I hereby certify that the information supplied on 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:

[Signature]

2/28/2008

550-584-1484

ATTACHMENT

40040740

706000002567

0077 CBGG0 C0GB00GG TBABG,ANC.

WOLF CREEK CHEROKEE TRIBE, INC.

P.O. BOX 186

STUART, VIRGINIA 24171

276-694-7723

CHEROKEEOFFICE@WOLFCREEKCHEROKEETRIBE.COM



NON-PROFIT ORGANIZATION

ADDENDUM: # 1:: To By-Laws

December 07, 2007

We hereby state that the Wolf Creek Cherokee Tribe, Inc. Is a holding corporation for the Wolf Creek Cherokee Tribe and the Tribal Council has the authority over the Cherokee Tribe.

Wolf Creek Cherokee Tribe, Inc.

A handwritten signature in cursive script, appearing to read "Gene R. Griffith Sr.".

Gene R. Griffith Sr.

Principal/Chief & President: