

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003673

FILED
Apr 03, 2009
Secretary of State

Entity Name: MACHIS LOWER CREEK INDIAN TRIBE OF ALABAMA ENTERPRISES, INC.

Current Principal Place of Business:

10893 WEST STATE HWY 52
SAMSON, AL 364775793

New Principal Place of Business:

202 N MAIN STREET
KINSTON, AL 36453

Current Mailing Address:

10893 WEST STATE HWY 52
SAMSON, AL 364775793

New Mailing Address:

202 N MAIN STREET
KINSTON, AL 36453

FEI Number: 20-2786262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, DAVID
Address: 2667 COUNTY RD 5
City-St-Zip: KINSTON, AL 36453

Title: S () Delete
Name: JOHNSON, RODGER
Address: 1167 COUNTY RD 5
City-St-Zip: KINSTON, AL 36453

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, BRENDA
Address: 2667 COUNTY RD 5
City-St-Zip: KINSTON, AL 36453

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WRIGHT, JAMES
Address: 20389 W STATE HWY 52
City-St-Zip: SAMSON, AL 36477

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES WRIGHT

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date