

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

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90022 021 ****61.25

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1. Entity Name

INDIAN CREEK BAND CHICKAMAUGAN CREEK, INC.



Principal Place of Business

1352 E. LOMBARDY DR.
DELTONA FL 32725

Mailing Address

1352 E. LOMBARDY DR.
DELTONA FL 32725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3676435

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

CHANCE, BILL
1352 E. LOMBARDY DR.
DELTONA FL 32725

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

Bill Little Red Wolf Chance

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

(NOTE: Registered Agent signature required when reinstating)

1/26/04

DATE

**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 D
NAME CHANCE, BILL
STREET ADDRESS 1352 E. LOMBARDY DR.
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE T
NAME BOTTARI, RICHARD
STREET ADDRESS 1368 PROVIDENCE BLVD
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE D
NAME CHANCE, RITA M
STREET ADDRESS 1352 E. LOMBARDY DR.
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE BM
NAME GARICA, BARBER
STREET ADDRESS P.O. BOX 1473 5312 #A Long Road
CITY-ST-ZIP PORT SALEM FL 34992 Orlando, FL ☐ Delete

TITLE BM
NAME GEDGHEGAN, CAMILLE
STREET ADDRESS 182 SOUTHEAST Paradise PLACE
CITY-ST-ZIP STUART FL 34997 ☐ Delete

TITLE BM
NAME ROBINSON, Nelson B
STREET ADDRESS 34485 KNOX Butte
CITY-ST-ZIP Albany, OR 97321 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME Naomi Bottari
STREET ADDRESS 1368 Providence
CITY-ST-ZIP Deltona, FL 32725 ☐ Change ☒ Addition

TITLE
NAME Jose m. Velez
STREET ADDRESS 119 D Springwood circle
CITY-ST-ZIP Longwood, FL ☐ Change ☒ Addition

TITLE
NAME Laura Enid Velez
STREET ADDRESS 119 D Springwood circle
CITY-ST-ZIP Longwood, FL 32750 ☐ Change ☒ Addition

TITLE
NAME Patricia Zatta
STREET ADDRESS 8215 183 Road SW
CITY-ST-ZIP Puyallup, WA 98373 ☐ Change ☒ Addition

TITLE
NAME Ralph Schaeffler
STREET ADDRESS 1331 Swild Lane
CITY-ST-ZIP Orlando, FL 32897 ☐ Change ☒ Addition

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

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.

Chairman

SIGNATURE:

Bill Little Red Wolf Chance / Bill Little Red Wolf Chance *1/26/04* *1-386-860-4559*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #