2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State
04-11-2007 90031 047 ****61.25

DOCUMENT # N00000005978

1. Entity Name

INDIAN CREEK BAND CHICKAMAUGAN CREEK, INC.

Principal Place of Business	Mailing Address
1352 E. LOMBARDY DR. DELTONA FL 32725	1352 E. LOMBARDY DR. DELTONA FL 32725

1st MOORE CR2E037 (10/06)

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 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 _____
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, 2007

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	D CHANCE, BILL 1352 E. LOMBARDY DR. DELTONA FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	vice chair David Vossbarg 1352 E. Lombardy DR Deltona, Fl. 3272-
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T BOTTARI, RICHARD 1368 PROVIDENCE BLVD DELTONA FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	BM ANthony chancer 101 East New Hampshire ave. Apt 22A Defand, Fl. 32724
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CHANCE, RITA M 1352 E. LOMBARDY DR. DELTONA FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	BM BOTARRI, NAOMI 1368 PROVIDENCE BLVD. DELTONA FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	BM STONE, LINDA 1887 MAGNOLIA AVE SOUTH DAYTONA FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	BM ROBINSON, HELLEN 34485 KNOX BUTTE ALBANY FL 37321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	

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: Chief Billy J. Chance Jan 16, 07 1-386-860-4559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #