

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005978

FILED
Jan 15, 2009
Secretary of State

Entity Name: INDIAN CREEK BAND CHICKAMAUGAN CREEK, INC.

Current Principal Place of Business:

1352 E. LOMBARDY DR.
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1352 E. LOMBARDY DR.
DELTONA, FL 32725

New Mailing Address:

FEI Number: 59-3676435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHANCE, BILL
Address: 1352 E. LOMBARDY DR.
City-St-Zip: DELTONA, FL 32725

Title: BM () Delete
Name: CHANCER, ANTHONY
Address: 101 EAST NEW HAMPSHIRE AVE. APT 22A
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: CHANCE, RITA M
Address: 1352 E. LOMBARDY DR.
City-St-Zip: DELTONA, FL 32725

Title: VCT () Delete
Name: VOSSBARG, DAVID
Address: 1352 E. LOMBERG DR.
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: WIBBENS, LINDA
Address: 34485 KNOW RUTTE
City-St-Zip: ALBANY, OR 97321

Title: BM () Delete
Name: ROBINSON, HELLEN
Address: 34485 KNOX BUTTE
City-St-Zip: ALBANY, FL 37321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: BILLY CHANCE

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date