

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009002

FILED
Apr 20, 2004
Secretary of State

Entity Name: APLACHICOLA RIVER CREEK INDIAN TRIBAL ORGANIZATION, INC.

Current Principal Place of Business:

19228 NW CR 12
BRISTOL, FL 32321

New Principal Place of Business:

Current Mailing Address:

19228 NW CR 12
BRISTOL, FL 32321

New Mailing Address:

FEI Number: 59-3749320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIVEY, AGNES
CHARLIE MCDOWELL RD.
BRISTOL, FL 32321 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: DC () Delete
Name: HILL, STEVE P
Address: 19228 NW CR 12
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: FORD, OZELLER
Address: 10731 MICKEY DR
City-St-Zip: BRISTOL, FL 32321

Title: DSM () Delete
Name: SPIVEY, AGNES
Address: P. O. BOX 986
City-St-Zip: BRISTOL, FL 32321

Title: DS () Delete
Name: SUBER, LEVERN
Address: P. O. BOX 192
City-St-Zip: BRISTOL, FL 32321

Title: CFOT () Delete
Name: STRUTKO, JOHN JACK
Address: PO BOX 668
City-St-Zip: BRISTOL, FL 32321

Title: OPR () Delete
Name: BRANCH, SHERRIE
Address: RT 3 BOX 26J
City-St-Zip: BRISTOL, FL 32321

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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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 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 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: JOHN STRUTKO

CFOT

04/20/2004

Electronic Signature of Signing Officer or Director

Date