

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # N01000009002

1. Entity Name
**APLACHICOLA RIVER CREEK INDIAN TRIBAL
ORGANIZATION, INC.**



Principal Place of Business
**CALHOUN COUNTY COURTHOUSE
ROOM 314
BLOUNTSTOWN, FL 32424**

Mailing Address
**PO BOX 668
% JOHN STRUTKO, CFO
BRISTOL, FL 32321**



04032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3749320

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIVEY, AGNES
CHARLIE MCDOWELL RD.
BRISTOL, FL 32321**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC
NAME HILL, STEVE P
STREET ADDRESS 16608 HWY 71 SOUTH UNIT 2B
CITY-ST-ZIP BLOUNTSTOWN, FL 32424

TITLE D
NAME FORD, OZELLER
STREET ADDRESS 10731 MICKEY DR
CITY-ST-ZIP BRISTOL, FL 32321

TITLE DSM
NAME SPIVEY, AGNES
STREET ADDRESS P. O. BOX 986
CITY-ST-ZIP BRISTOL, FL 32321

TITLE DS
NAME SUBER, LEVERN
STREET ADDRESS P. O. BOX 192
CITY-ST-ZIP BRISTOL, FL 32321

TITLE CFOT
NAME STRUTKO, JOHN JACK
STREET ADDRESS PO BOX 668
CITY-ST-ZIP BRISTOL, FL 32321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000697202
04/18/07-80031-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John Strutko **JOHN STRUTKO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2007
Date

850 643-5520
Daytime Phone #