## **NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

DOCUMENT # NO600010567.

1. Entity Name
Alapahe River Band of Cherokee Fine.

attachment with an address, with all other like empowered.

Div of Corp P.O. Box 6327

01/21/07 386 938 48013

DO NOT WRIT	E IN THIS SPACE	DE ,	Allasee, FLC	ATE RIDA	
2. Principal Place of Business  Tennings  Suite, Apt. #, etc.	3. Mailing Address 2735 NW 6/st Suite, Apt. #, etc.	AVE	02-05-07	70125 025 CR2E037B (8/05)	\$61.25
City & State  Sennings FL  Zip  32053  Country	Jenning F	ountry ton 5	. FEI Number 20-51668S . Certificate of Status Do	esired	
DO NOT	WRITE	7.51	Name and Address of	Current Registered Agent BUXKL	
IN THIS S  8. The above named entity submits this statement		City Jol NA	JINGS agent, Dooth, in the sta		Code 2053 with, and accept
the obligations of registered agent.  StGNATURE MAGESTYSE.  Signature, typed or printed name of registered	bel Burke agent and title if applicable (NOTE Registe	ored Agent signature required whe	n reinstating)	3/1/20	07
FEE IS \$61.25 Initial or Amended AR	9. Election Campaigr Trust Fund Contrib	Financing _ \$	5.00 May Be Ided to Fees	Make Check Paya Florida Department	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP  OFFICERS AND  OFFIC	Liver Assistant III 158 Secretary N	TLE MME TREET ADDRESS TY-ST-ZIP	<del>, , , , , , , , , , , , , , , , , , , </del>		
TITLE NAME STREET ADDRESS CITY-SI-ZIP  Tennings	elst Au e Boorge	TLE ME REEL ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE	Way Director	Mistar Shouli	be wa	IE	<b>M</b> 3/6
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  OVICTIO Cast Pio. Box 318 Senning FL  Title  Taying St.	Ot of	P.O. Bo	2 Nove 7 655	ZE —	\$1.1
NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME  78855WC  TOSPET T  T  TOSPET T  T  T  T  T  T  T  T  T  T  T  T  T	1 3205 2 Boays	Jennin L	191, El	7	
NAME STREET ADDRESS CITY-ST-ZIP	er Run Glen Dir	TY-ST-ZIP			

12. Thereby certify that the information subplied with this filling 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 on an