

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13332** (4)

1. Corporation Name

**OKLAWAHA BAND OF SEMINOLE INDIANS COX/OSCEOLA IN
DIAN RESERVATION INC.**

Principal Place of Business

P.O. BOX 521
NORMAN BUFORD (RUNNING BUCK)
ORANGE SPRINGS FL 32682

Mailing Address

P.O. BOX 521
NORMAN BUFORD (RUNNING BUCK)
ORANGE SPRINGS FL 32682

3. Date Incorporated or Qualified
02/06/1986

3a. Date of Last Report
08/11/1995

4. FEI Number
59-2659209

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIERCE, DAN (BIG FOOT)
RT. 2, BOX 357
SILVER SPRINGS FL 32688**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **BUFORD, NORMAN (RUNNIN**
CITY-ST-ZIP **POB 521 COX/OSCEOLA IND**
ORANGE SPRINGS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **BUFORD, ALLEN (LITTLE**
CITY-ST-ZIP **POB 521 COX/OSCEOLA IND**
ORANGE SPRINGS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **OSCEOLA, JOE DAN**
CITY-ST-ZIP **5791 S. ST. RD., RT. 7**
FT. LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **TAYLOR, CARIN WHITE RO**
CITY-ST-ZIP **25 RUNNING BUCK RD.**
ORANGE SPRINGS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **DELONG, DEBRA FLAMMING**
CITY-ST-ZIP **21715 N.E. 130TH COURT ROAD**
ORANGE SPRINGS FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **S**
5.3 STREET ADDRESS **DELONG, Debra Flaming Star**
5.4 CITY-ST-ZIP **21715 N.E. 130th Court Road**
Orange Springs, FLA.

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **DELONG, Robert Soaring Eagle**
CITY-ST-ZIP **P.O. Box 159**
Orange Springs, FLA.

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **TD**
6.3 STREET ADDRESS **DELONG, Robert Soaring Eagle**
6.4 CITY-ST-ZIP **P.O. Box 159**
Orange Springs, FLA.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Debra Flaming Star DeLong**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debra Flaming Star DeLong

06-28-96 (352) 546-2091
Date Daytime Phone #

0016068

CR2E037 (3/96)