

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90002 016 \*\*\*\*70.00

**DOCUMENT # N13332**

1. Entity Name

**OKLEVUAHA BAND OF YAMASSEE SEMINOLE  
COX-OSCEOLA INDIAN 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

**54069962**



MOORE

CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2659209**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME BUFORD, CARIN ☐ Delete  
STREET ADDRESS 21449 N.E. 130 COURT ROAD  
CITY-ST-ZIP ORANGE SPRINGS FL 32182

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT  
NAME BUFFORD, DALPHINE ☐ Delete  
STREET ADDRESS 21449 N.E. 130 COURT ROAD  
CITY-ST-ZIP ORANGE SPRINGS FL 32182

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-24-04**

**(352) 546-5525**

Date

Daytime Phone #