

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

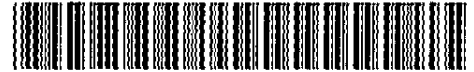
FILED
Apr 07, 2006 08:00 AM
Secretary of State

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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number
59-2659209

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Applied For Not Applicable

6. Name and Address of Current Registered Agent
**PIERCE, DAN (BIG FOOT)
RT. 2, BOX 357
SILVER SPRINGS FL 32688**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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		
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUFORD, NORMAN (RUNNING BUCK)	
STREET ADDRESS	POB 521 COX/OSCEOLA IND N/A	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUFORD, ALLEN (LITTLE)	
STREET ADDRESS	POB 521 COX/OSCEOLA IND N/A	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSCEOLA, JOE DAN	
STREET ADDRESS	5791 S. ST. RD., RT. 7	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUFORD, CARIN	
STREET ADDRESS	21449 N.E. 130 COURT ROAD	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BUFFORD, DALPHINE	
STREET ADDRESS	21449 N.E. 130 COURT ROAD	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000497020
04/22/06-80037-009 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Handwritten Signature]* 4-7-06 352-546-5525