2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90034 004 ****70.00

DOCUMENT # N13332

1. Entity Name

OKLEVUAHA BAND OF YAMASSEE SEMINOLE
COX-OSCEOLA INDIAN RESERVATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 521 NORMAN BUFORD (RUNNING BUCK) ORANGE SPRINGS FL 32682	P.O. BOX 521 NORMAN BUFORD (RUNNING BUCK) ORANGE SPRINGS FL 32682

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #
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

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

7. Name and Address of New Registered Agent

Name: McMAHON, LYNETTE (STAR FIRE)
Street Address (P.O. Box Number is Not Acceptable): 8443 NE 39th STREET
City: GAINESVILLE FL Zip Code: 32609

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: Star Fire McMahon 3-18-08
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 May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUFORD, NORMAN (RUNNIN POB 521 COX/OSCEOLA IND N/A ORANGE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUFORD, ALLEN (LITTLE POB 521 COX/OSCEOLA IND N/A ORANGE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSCEOLA, JOE DAN 5791 S. ST. RD.,RT. 7 FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUFORD, CARIN 21449 N.E. 130 COURT ROAD ORANGE SPRINGS FL 32182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BUFFORD, DALPHINE 21449 N.E. 130 COURT ROAD ORANGE SPRINGS FL 32182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: PC Norman Running Buck Buford 3-18-08 (352-546-5525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date