2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13332

FILED Jan 11, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 521 25 RUNNING BUCK RD NORMAN BUFORD (RUNNING BUCK) NORMAN BUFORD (RUNNING BUCK) ORANGE SPRINGS, FL 32682 ORANGE SPRINGS, FL 32682 **Current Mailing Address:** New Mailing Address: P.O. BOX 521 NORMAN BUFORD (RUNNING BUCK) ORANGE SPRINGS, FL 32682 FEI Number: 59-2659209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCMANON, LYNETTE 8443 NE 39TH STREET GAINESVILLE, FL 32609 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BUFORD, NORMAN (RUNNIN Name: Name: POB 521 COX/OSCEOLA IND N/A Address: Address: City-St-Zip: ORANGE SPRINGS, FL City-St-Zip: Title: VD () Delete Title: () Change () Addition BUFORD, ALLEN (LITTLE Name: Name: Address: POB 521 COX/OSCEOLA IND N/A Address: City-St-Zip: ORANGE SPRINGS, FL City-St-Zip: Title: () Delete Title: () Change () Addition OSCEOLA, JOE DAN, Name: Name: 5791 S. ST. RD.,RT. 7 Address: Address: City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: Title: SD () Delete Title: () Change () Addition BUFORD, CARIN Name: Name: 21449 N.E. 130 COURT ROAD Address: Address: City-St-Zip: ORANGE SPRINGS, FL 32182 City-St-Zip: Title: () Delete Title: () Change () Addition BUFFORD, DALPHINE Name: Name: 21449 N.E. 130 COURT ROAD Address: Address: ORANGE SPRINGS, FL 32182 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LITTLE BUCK BUFORD VD 01/11/2009