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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:01

DOCUMENT # N15867 (7)

1. Corporation Name

THE HOLMES VALLEY BAND OF CREEK INDIANS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
ROUTE 5, BOX 212 CHIPLEY FL 32428	ROUTE 5, BOX 212 CHIPLEY FL 32428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1986
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2720194 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 929 S.R. 277
22 Suite, Apt. #, etc.
23 City & State: Chipley FL
24 Zip: 32428 25 Country: USA

2a. Mailing Address
26 929 S.R 277
27 Suite, Apt. #, etc.
28 City & State: Chipley FL
29 Zip: 32428 30 Country: USA

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRAYTOR, ROGER D
10520 WILLOW LAKE DR
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	THURMAN, BRYANT L.	12 NAME	DAWN E PRAYTOR	
STREET ADDRESS	212 RAILROAD AVE	13 STREET ADDRESS	10520 WILLOW LAKE DR	
CITY-ST-ZIP	CHIPLEY FL	14 CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BROCK, EFFIE L	22 NAME		
STREET ADDRESS	STAR ROUTE BOX 177	23 STREET ADDRESS		
CITY-ST-ZIP	VERNON FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	SHUMAKER, MOLLIE T.	32 NAME	MOLLIE T. SHUMAKER	
STREET ADDRESS	RTE 5, BOX 210	33 STREET ADDRESS	940 S.R 277	
CITY-ST-ZIP	CHIPLEY FL	34 CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	41 TITLE	D	☒ Change ☒ Addition
NAME	PRAYTOR, DAWN E	42 NAME	GYNELLE MASHBURN	
STREET ADDRESS	10520 WILLOW LAKE DR	43 STREET ADDRESS	618 N. 6TH STREET	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	CHIPLEY FL 32425	
TITLE	TMD	51 TITLE	TMD	☒ Change ☐ Addition
NAME	SHUMAKER, WILLIAM E.	52 NAME	WILLIAM E SHUMAKER	
STREET ADDRESS	RT 5 BOX 212	53 STREET ADDRESS	929 S.R. 277	
CITY-ST-ZIP	CHIPLEY,F L.	54 CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VD	61 TITLE	VD	☒ Change ☐ Addition
NAME	HOLLEY, BRYANT	62 NAME	DANIEL E SHUMAKER	
STREET ADDRESS	RT. 1,B OX 181H	63 STREET ADDRESS	929 S.R. 277	
CITY-ST-ZIP	CHIPLEY FL	64 CITY-ST-ZIP	CHIPLEY FL 32428	

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)(i), 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: William E. Shumaker WILLIAM E SHUMAKER 21 MAR 1995 904-638-0647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028645