

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15867** (7)
1. Corporation Name
THE HOLMES VALLEY BAND OF CREEK INDIANS OF FLORIDA, INC.



Principal Place of Business 929 S.R. 277 CHIPLEY FL 32428 US	Mailing Address 929 S.R. 277 CHIPLEY FL 32728 US
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2. Principal Place of Business 21 929 Hwy 277 Suite, Apt. #, etc.	2a. Mailing Address 26 929 Hwy 277 Suite, Apt. #, etc.
City & State 23 Chipley FL	City & State 28 Chipley FL
Zip 24 32428	Country 25 US
Zip 29 32428	Country 30 US

3. Date Incorporated or Qualified 07/15/1986	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number 59-2720194	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRAYTOR, ROGER D 10520 WILLOW LAKE DR PENSACOLA FL 32508	
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN E. PRAYTOR	1.2 NAME	
STREET ADDRESS	10520 WILLOW LAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, EFFIE L	2.2 NAME	W.T. SHUMAKER
STREET ADDRESS	STAR ROUTE BOX 177	2.3 STREET ADDRESS	940 Hwy 277
CITY-ST-ZIP	VERNON FL	2.4 CITY-ST-ZIP	Chipley FL 32428
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLIE T. SHUMAKER	3.2 NAME	MOLLIE T SHUMAKER
STREET ADDRESS	940 S.R. 277	3.3 STREET ADDRESS	940 Hwy 277
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GYNELLE MASHBURN	4.2 NAME	
STREET ADDRESS	618 N. 6TH STRET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	4.4 CITY-ST-ZIP	
TITLE	TMD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM E. SHUMAKER	5.2 NAME	
STREET ADDRESS	929 S.R. 277	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL E. SHUMAKER	6.2 NAME	
STREET ADDRESS	929 S.R. 277	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	6.4 CITY-ST-ZIP	

14. 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 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** 5/15/98 940-1-38-0677

CR2E037 (10/97)