2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004
Secretary of State

DOCUMENT# N27564

Entity Name: E-CHOTA CHEROKEE INDIAN TRIBE OF FLORIDA, INC.

Current Principal Place of Business:

AMPITHEATER AT LAKE DEFUNIAK
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1720
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 59-2888404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, CHARLEY L
110 CAPE CIRCLE
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	CLARK, CHARLEY	
Address:	110 CAPE CIR.	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	
Title:	D	( ) Delete
Name:	BENSLEY, ELSIE	
Address:	187 BENS RD.	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	T	( ) Delete
Name:	CLARK, JOYCE	
Address:	10 CAPE CIR.	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	
Title:	T 4	( ) Delete
Name:	TAYLOR, TERRY	
Address:	1711 VAUGN RD	
City-St-Zip:	WESTVILLE, FL 32464	
Title:	T	( ) Delete
Name:	MORRISON, JAMES	
Address:	82 BRAILEY DR	
City-St-Zip:	FREEPORT, FL 32439	
Title:	D	( ) Delete
Name:	JOYCE, CLARK	
Address:	110 CAPE CIR	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELSIE M. BENSLAY CHF 07/16/2004

Electronic Signature of Signing Officer or Director — Date