

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N27564

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



Principal Place of Business
AMPTHEATER AT LAKE DEFUNIAK
DEFUNIAK SPRINGS, FL 32433 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT (6/04) 05

4. FEI Number
59-2888404

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CLARK, CHARLEY
STREET ADDRESS 110 CAPE CIR.
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE D ☐ Delete
NAME BENSLEY, ELSIE
STREET ADDRESS 187 BENS RD.
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE T ☐ Delete
NAME CLARK, JOYCE
STREET ADDRESS 10 CAPE CIR.
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE T 4 ☐ Delete
NAME TAYLOR, TERRY
STREET ADDRESS 1711 VAUGHN RD
CITY-ST-ZIP WESTVILLE, FL 32464

TITLE T ☐ Delete
NAME MORRISON, JAMES
STREET ADDRESS 82 BRAILEY DR
CITY-ST-ZIP FREEPORT, FL 32439

TITLE D ☐ Delete
NAME JOYCE, CLARK
STREET ADDRESS 110 CAPE CIR
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 800061826
STREET ADDRESS 12/01/05--01028--008 **70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: Charley L. Clark Charley L. Clark 11/29/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #