


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90032 035 ****70.00

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 187 Bens Rd. Suite, Apt. #, etc.		3. Mailing Address 22295 N.W. Lake McKenzie Blvd. Suite, Apt. #, etc.			
City & State, Defuniak Springs, FL. Zip 32433		City & State Altha, FL. Zip 32421		4. FEI Number 59-2888404	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 William L. Truax Jr. Street Address (P.O. Box Number is Not Acceptable) 22295 N.W. Lake McKenzie Blvd. City Altha FL Zip Code 32421	
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 W. William L. Truax Jr. <i>[Signature]</i> 7/26/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, CHARLEY		NAME	ELsie Bensley	
STREET ADDRESS	110 CAPE CIR.		STREET ADDRESS	187 Bens Rd.	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP	Defuniak Springs, FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENSLEY, ELSIE		NAME	WILLIAM L. TRUAX JR.	
STREET ADDRESS	187 BENS RD.		STREET ADDRESS	22295 N.W. Lake McKenzie Blvd.	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	Altha, FL 32421	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, JOYCE		NAME	Mary E Pate	
STREET ADDRESS	10 CAPE CIR.		STREET ADDRESS	16236 U.S. Hwy 3315	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP	Defuniak Springs, FL 32435	
TITLE	T 4	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, TERRY		NAME		
STREET ADDRESS	1711 VAUGHN RD		STREET ADDRESS		
CITY-ST-ZIP	WESTVILLE, FL 32484		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, JAMES		NAME		
STREET ADDRESS	82 BRAILEY DR		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, CLARK		NAME		
STREET ADDRESS	110 CAPE CIR		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> 7/26/06 (850) 762-2217 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					