

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27564

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

187 BENS RD.
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 207
BAGDAD, FL 32530 US

New Mailing Address:

187 BENS RD.
DEFUNIAK SPRINGS, FL 32433 US

FEI Number: 59-2888404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSLAY, ELSIE
187 BENS RD.
DEFUNIAK SPRINGS, FL 32433 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: PD () Delete
Name: BENSLAY, ELSIE
Address: 187 BENS RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VD () Delete
Name: SIMS, BETTY J
Address: 4204 RED WING CT
City-St-Zip: PACE, FL 32571

Title: SD (X) Delete
Name: PATE, MARY E
Address: 6236 US HWY 3315
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D (X) Delete
Name: SIMS, MICHAEL
Address: 9508 MUNSON HIGHWAY
City-St-Zip: MILTON, FL 32570

Title: D (X) Delete
Name: CAULEY, KIMBERLY D
Address: 4204 RED WING CT.
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENSLAY, ELSIE
Address: 187 BENS RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: SD (X) Change () Addition
Name: PATE, MARY E
Address: 6236 US HWY 331
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

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 exemption stated 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 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 BENSLAY

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date