2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 21, 2007
Secretary of State

DOCUMENT# N31211

Entity Name: PENSACOLA FLORIDA TRIBE OF DOCKET 21-275 EASTERN CREEK INDIANS, INC.

Current Principal Place of Business:

% PAULINE J PHILLIPS PARKER
7522 SUNSHINE HILL ROAD
MOLINO, FL 32577

New Principal Place of Business:

860 LEXINGTON ROAD
PENSACOLA, FL 32514

Current Mailing Address:

% PAULINE J PHILLIPS PARKER
7522 SUNSHINE HILL ROAD
MOLINO, FL 32577

New Mailing Address:

860 LEXINGTON ROAD
PENSACOLA, FL 32514

FEI Number: 59-2980264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARKER, PAULINE J. PHILLIPS
7522 SUNSHINE HILL ROAD
MOLINO, FL 32577 US

Name and Address of New Registered Agent:

JOWERS, CHRISTINA M MRS.
860 LEXINGTON ROAD
PENSACOLA, FL 32514 US

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: CHRISTINA JOWERS 06/21/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PARKER,PAULINE J PHI, LLIP
Address: 7522 SUNSHINE HILL RD
City-St-Zip: MOLINO, FL 32577

Title: VD ( ) Delete
Name: PARKER, WHIT KENNETH,
Address: 5624 TWIN CREEK CIRCLE
City-St-Zip: MILTON, FL 32571

Title: STD ( ) Delete
Name: DERIEMACKER, JOANN E, ALY
Address: 8190 KIPLING RD.
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHRISTINA JOWERS,
Address: 860 LEXINGTON ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: VD (X) Change ( ) Addition
Name: KENNETH CHRISTOPHER, PARKER
Address: 5624 TWIN CREEK CIRCLE
City-St-Zip: PACE, FL 32571

Title: STD (X) Change ( ) Addition
Name: CHASITY BOUKAMP,
Address: 2372 BUR OAK DRIVE
City-St-Zip: CANTONMENT, FL 32533

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: CHRISTINA JOWERS PD 06/21/2007
Electronic Signature of Signing Officer or Director Date