


# 2006, NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N44889</b>	
1. Entity Name <b>THE CENTRAL FLORIDA MUSCOGEE CREEK TRIBE, INC.</b>	

Principal Place of Business <b>8305 FOUNTAIN AVE TAMPA, FL 33615 US</b>	Mailing Address <b>P. O. BOX 966 LACOCHEE, FL 33537 US</b>
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04112006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3131268</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PATTERSON, ROBERT E. 8305 FOUNTAIN AVE TAMPA, FL 33615</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP PATTERSON, ROBERT E 8305 FOUNTAIN AVE TAMPA, FL 33615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WEBB, SUE 8736 MCKENDREE RD. ZEPHYRHILLS, FL 33644</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCULLY, JOHN 5177 LYNCH DR. MARIANNA, FL 32446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STOKES, JAMES D 5857 EMPIRE CHURCH ROAD GROVELAND, FL 34736</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80040-015 70.00

**DO NOT WRITE  
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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:** Robert E. Patterson Robert E. Patterson 2 Apr 06 813-884-1936  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if