

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49473** (4)
1. Corporation Name
THE AUCILLA CLAN OF MUSKOGEE CREEK INDIANS INC.



Principal Place of Business Mailing Address
MEDICINE CIRCLE
RT 5 BOX 423
PERRY FL 32347

3. Date Incorporated or Qualified **06/22/1992** 3a. Date of Last Report **08/09/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip 28 Zip

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

24 Country 29 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

25 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADDOX, DAVID
RT 5 BOX 423
PERRY FL 32347

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MADDOX, DAVID	
STREET ADDRESS	R.R. 5, 423	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MADDOX, RACHEL	
STREET ADDRESS	RT 5 BOX 423	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAKE, TONY	
STREET ADDRESS	RT 5 BOX 423	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THAMES, FRANCIS	
STREET ADDRESS	RT. 1 BOX 166	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARDS, LARRY	
STREET ADDRESS	RT 1 BOX 166	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAKE, JENNY	
STREET ADDRESS	RT 5 BOX 423	
CITY-ST-ZIP	PERRY FL 32347	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Maddox (DAVID MADDOX)

4/8/96

904-487-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)