FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 1. Corporation Name

N50297

(3)

THE CHOCTAWHATCHEE TRIBE OF THE LOWER MUSCOGEE C REEK INDIANS OF FLORIDA, INC.

Principal Place	of Business	Mailing Address					T TORNISON END DIRECTORY IN THE PROPERTY OF TH				
MOSSY HEAD FL. 8X 474 HWY 90 W		CHOCTAWHATCHEE TRIBE BX 474 HWY 90 W MOSSY HEAD FL 32434									
MOSSY HEAD FL 32434					_						
US		US					3. Date Incorporated or Qualified 08/10/1992	3a. Date of Last Report 03/22/1995			
Principal Place of Business 2a. Mailing Address							4. FEI Number	•		Applied For	_
21 Moss	y Head Fl.	26 246 Richard	lso	n	Road		59-3173239			Not Applicable	
Suite, Apt. #, etc.							5. Certificate of Status Desired		\$8.75	Additional]
	ardson Road 246	27					5. Continuate of States Booked		Fee	Required	
City & State		City & State					6. Election Campaign Financing		\$5.0	O May Be	
23 Mossy Head F1 28 DeFuniak			Spgs.F1 Country				Trust Fund Contribution			d to Fees	_
Zip Country Zip Zip 32433 30 30				n [][[]			8. This corporation has liability for in			199.032,	
24 32 433	g. Name and Address of Current						Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	3, 74, 74, 74, 74, 74, 74, 74, 74, 74, 74	regionated rightin		81	Name				-		_
DADAHD.	RN,JMMME Jimmie Ra	vhourn					mie Raybourn (:	spell:	ing	correc	<u>t</u> ed
	MESVILLE LANE	82			Street Ac	ddress	(P.O. Box Number is Not Acceptable	0)			
	OLA FL 32522			83							-
FEMORE	OLA FL 32322										
				84	City			FI	85 Zi	p Code	
11. Pursuant t	to the provisions of Sections 617.0502 a	nd 617.1508. Florida Statutes, th	ne abo	LLL ove-n	named corr	poratio	n submits this statement for the pure		aina its r	egistered office	_ e
or register	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	. Such change was authorized b	y the	corpo	oration's b	oard o	f directors. I hereby accept the appo	intment as n	gistered	l agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent and	d Little if averlands ANOTE: De	nie raze.	1 4 9 9 9 1	t and the second		as scienta d	DATE			. _
12. OFFICERS AND DIRECTORS				egistered Agent signature required v			ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS IN 12	- 8€
TITLE	PCD	DELETE	1.1 TITLE		1		7447710101010111101010100111	 -	Change	Addition	CR2E037 (12/95)
NAME	VARNES, JOHN		1.2 NAME					_	, ,	_) /
STREET ADDRESS	1403 N 57TH AVE				ADDRESS			,			8
CITY-ST-ZIP	PENSACOLA FL		1.5 STR		t						
TITLE	VD	□ DELETE	2 1 TITLE						Change	Addition	⊣Ե
NAME	RICHARDSON, ALVIN	-		2 2 NAME				_		_	
STREET ADDRESS	RT ONE BX 392G LONG RD		2 3 STREET ADDRESS							•	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	•		2 4 CITY-ST-ZIP							
TITLE	D	DELETE			· 		Γ	Change	Addition	_	
NAME			3 2 N	3 2 NAME					_		İ
STREET ADDRESS	6879 DECEPTION RD		3.3 STREET ADDRESS								
CITY-ST-ZIP	MILTON FL		3 4. CITY-ST-ZIP								
TITLE	TD	DELETE	4.1 TITLE						Change	Addition	7
NAME	RICHARDSON, JEMMY		4. 2 NA								
STREET ADDRESS	RT ONE BX 392G LONG RD.			4.3 STREET ADDRESS							
CITY-ST-ZIP	DEFINITIVE ORDINGS FO			4.4 CITY-ST-ZIP							
TITLE	D	DELETE	DELETE 51717		ITLE				Change	Addition	7
NAME	WISE, HENRY	5.2 N/		.2 NAME							
STREET ADDRESS	***************************************			5.3 STREET ADDRESS							
CITY-ST-ZIP	MILTON FL			5.4 CITY-ST-ZIP							
TITLE	D DELETE			6.1 TITLE			<u> </u>		Change	☐ Addition	7
NAME	RAYBOURN, JIMMIE C		6.2 N	AME							
STREET ADDRESS	5601 JAMESVILLE LN		€38	TREET.	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL			ITY - \$1							
14. I do hereby certify that	y certify that the information supplied wit the information indicated on this annual	h this filing is voluntarily furnished report or supplemental argual re	and enort	does	s not qualif	ify for th	ne exemption stated in Section 119.0	7(3)(k), Florid	da Statut	es. I further	1
oath; that I	I am an officer or director of the corpora Block 12 or Block 13 if changed, or on	tion or the receiver or trustee em	powe	red t	o execute	this re	port as required by Chapter 617, Flo	rida Statutes	; and the	at my name	

SIGNATURE: Jemmy Richardson Righted Dame of Signing Office and Types on Printed Name of Signing Office and Types of Si

T,0(90 4)892-4649

pg lofz

N50297

Choctawhatchee Tribe Of The Lower Muscogee Creek Indians of Florida

Please list the directors of this corporation in the order following.

1-PCD Varnes, John 1403 N 57th Ave Pensacola, F1

2-VD Richardson,Alvin 1421 Long Road DeFuniak Springs,F1

3-SD Varnes,Marie 1403 N 57th Ave Pensacola, F1

4-TD Richardson, Jemmy 1421 Long Road DeFuniak Springs, F1

5-D Wise,Lila 6879 Deception Road Milton, F1

6-D Wise, Henry 6879 Deception Road Milton, F1

7-D
Raybourn, Jimmie
5601 Jamesville Lane
Pensacola, F1