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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50297** (3)

1. Corporation Name

THE CHOCTAWHATCHEE TRIBE OF THE LOWER MUSCOGEE CREEK INDIANS OF FLORIDA, INC.



Principal Place of Business	Mailing Address
246 RICHARDSON RD BX 474 HWY 80 W MOSSY HEAD FL 32433 US	246 RICHARDSON RD BX 474 HWY 80 W DEFUNIAK SPGS FL 32435-0474 US

3. Date Incorporated or Qualified 08/10/1992	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business	2a. Mailing Address
246 Richardson Road Suite, Apt. #, etc.	246 Richardson Road Suite, Apt. #, etc.
22. City & State	27. City & State
DeFuniak Springs, Fl.	DeFuniak Springs, Fl.
23. Zip	28. Zip
32433	32433
24. Walton	30. Walton

4. FEI Number 59-3173239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
RAYBOURN, JIMMIE 5801 JAMESVILLE LANE PENSACOLA FL 32522	

10. Name and Address of New Registered Agent	
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	PCD
NAME	VARNES, JOHN
STREET ADDRESS	1403 N 57TH AVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	VD
NAME	RICHARDSON, ALVIN
STREET ADDRESS	RT ONE BX 392G LONG RD
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	D
NAME	WISE, LILA
STREET ADDRESS	6879 DECEPTION RD
CITY-ST-ZIP	MILTON FL
TITLE	TD
NAME	RICHARDSON, JEMMY
STREET ADDRESS	RT ONE BX 392G LONG RD.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	D
NAME	WISE, HENRY
STREET ADDRESS	6879 DECEPTION RD
CITY-ST-ZIP	MILTON FL
TITLE	D
NAME	RAYBOURN, JIMMIE C
STREET ADDRESS	5801 JAMESVILLE LN
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PCD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jemmy Richardson TD

Mar-4-14-97 92-4649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0010048

CR2E037 (9/96)

Choctawhatchee Tribe
Lower Muscogee Creek Indians
Florida, Inc.

Please list our Tribe officers in the following order.

PCD
Richardson, Alvin
1421 Long Road
DeFuniak Springs, Fl.

VD
Varnes, Lila
6879 Deception Road
Milton, Fl

SD
Varnes, Marie
1403 N 57th Ave
Pensacola, Fl.

TD
Richardson, Jemmy
1421 Long Road
DeFuniak Springs, Fl.

D
Wise, Henry
6879 Deception Road
Milton, Fl.

D
Raybourn, Jimmie
5601 Jamesville Lane
Pensacola, Fl.