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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 246 RICHARDSON RD BOX 246 RICHARDSON RD DEFUNIAK SPGS FL 32433 US	Mailing Address BX 246 RICHARDSON RD DEFUNIAK SPGS FL 32433 US
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2. Principal Place of Business 21 1421 Long Road Suite, Apt. #, etc. 22 De Funiak Spgs. City & State 23 FL Zip 24 32433	2a. Mailing Address 26 1421 Long Road Suite, Apt. #, etc. 27 De Funiak Springs City & State 28 FL Zip 29 32433	Country 25 WALTON Country 30 WALTON
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9. Name and Address of Current Registered Agent

**RAYBOURN, JIMMIE
5601 JAMESVILLE LANE
PENSACOLA FL 32522**

3. Date Incorporated or Qualified
08/10/1992

4. FEI Number
59-3173239

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Richardson, ALVIN C**
82 Street Address (P.O. Box Number is Not Acceptable)
1421 Long Road
83
84 City **De Funiak Springs FL** 85 Zip Code **32433**

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 **Alvin Richardson PCO** *Alvin Richardson* **4-10-98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCO	<input type="checkbox"/> DELETE
NAME	RICHARDSON, ALVIN	
STREET ADDRESS	RT ONE BX 392G LONG RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WISE, LILA	
STREET ADDRESS	6879 DECEPTION RD	
CITY-ST-ZIP	MILTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, JEMMY	
STREET ADDRESS	RT ONE BX 392G LONG RD.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WISE, HENRY	
STREET ADDRESS	6879 DECEPTION RD	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAYBOURN, JIMMIE C	
STREET ADDRESS	5601 JAMESVILLE LN	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AAA	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1421 Long Rd.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1421 Long Rd
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 checked="" type="checkbox"/> Addition
5.2 NAME	MATHIS, DAVID
5.3 STREET ADDRESS	22165 HWY 331 N
5.4 CITY-ST-ZIP	Laurel, Hill, FL 32567
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	VARNES, MARIE
6.4 CITY-ST-ZIP	1403 N 57th Ave Pensacola, FL 32506

14. I 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: **Alvin Richardson PCO** *Alvin Richardson* **4-10-98 (450)892-4649**

CR2E037 (10/97)