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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N50297

1. Corporation Name

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

Principal Place of Business

Mailing Address

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90084 013 ****61.25

| 1421 LONG DEFUNIAK S US | ROAD PRINGS FL 32433 | 1421 LONG ROAD DEFUNIAK SPRINGS FL 3 US | 92433 | | | | | | | |
|---------------------------------------|---|---|------------------------|-------|--------------------------------|-------------------|---|---------------------|-----------------|-----------------------------|
| 2. Principal 21 Suite, Ap | Place of Business | 2a. Mailing Address 26 Suite, Apt. #, etc. | | | | | Date Incorporated or Qualifed 08/10/1992 FEI Number | | | |
| 22 | | 27 | | | | - | 59-3173239 | - | | oplied For of Applicable |
| City & Sta | | City & State | | | | 5. | Certificate of Status Desired | | .75 | Additional equired |
| Zip 24 | Country 25 | Zip 29 | Count | try | | 1 | Election Campaign Financing Trust Fund Contribution | A | | May Be to Fees |
| ļ | 9. Name and Address of Curre | nt Registered Agent | | | | 10. | Name and Address of New Registere | Agent | | |
| DICHADO | NOON ALLAN O | | la | 11 | Name | | | | | |
| RICHARDSON, ALVIN C 1421 LONG ROAD | | | | 2 | | | | | | |
| DEFUNIA | IK SPRINGS FL 32433 | | 8 | 3 | | | | | | |
| | | | 1 | 4 | City | | F | 85 | Zip (| |
| | t to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga | | | | named corpor he corporation | ration n's boa | submits this statement for the purpose of ard of directors. I hereby accept the appoint | f changi intment | ng its as re | registered gistered |
| SIGNATURE | _ | | ida otatote | , J. | | | | | | |
| 12. | Signature, typed or printed name of registered age | | | ent : | signature required w | | | | | |
| | | ID DIRECTORS | 13. | | · | Α | DDITIONS/CHANGES TO OFFICERS A | ND DIR | СТО | RS IN 12 |
| TITLE | PCD RICHARDSON, ALVIN | ☐ DELETE | 1.1 TITLE | | | | | Ch | ange | Addition |
| NAME STREET ADDRESS | 4444444 | | 1.2 NAME | | 1 | | | | | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL | | | | ADDRESS | | | | | |
| TITLE | VD | ☐ DELETE | 1.4 CITY- 2.1 TITLE | | ZIP | | | | | |
| NAME, | WISE, LILA | | 2.2 NAME | | | | | ☐ Chi | inge | ☐ Addition |
| STREET ADDRESS | | | 2.3 STREE | | MDRESS | | | | | } |
| CITY-ST-ZIP | MILTON FL | * . | 2.4 CITY | | | | | | | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | | - | | Cha | inge | Addition |
| NAME | RICHARDSON, JEMMY | | 3.2 NAME | | | | | _ | • | |
| STREET ADDRESS | | | 3.3 STREE | ET A | DORESS | | | | | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL | | 3.4. CITY- | ST- | ZIP | | | | | |
| TITLE | D NAME THE PARTY | ☐ DELETE | 4.1 TITLE | | | | | Cha | nge | ☐ Addition |
| NAME | WISE, HENRY | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | | | 4.3 STREE | TAI | DDRESS | | | | | |
| CITY-ST-ZIP TITLE | MILTON FL D | | 4.4 CITY-5 | ST-Z | JP | | | | | |
| NAME | MATHIS, DAVID | ☐ DELETE | 5.1 TITLE 5.2 NAME | | | | • | ☐ Cha | nge | ☐ Addition |
| STREET ADDRESS | AA.AA 49.49.4 | | 5.2 NAME 5.3 STREE | T 45 | DDDECO | | | | | |
| CITY-ST-ZIP | LAUREL HILL FL 32567 | | 5.3 STREE | | | | | | | |
| TITLE | SD SD | ☐ DELETE | 6.1 TITLE |)1-Z | AF | | <u> </u> | | | |
| NAME | VARNES, MARIE | □ vereis | 6.2 NAME | | | | | Cha | nge | ☐ Addition |
| STREET ADDRESS | | | 6.3 STREE | TAR | YORESS. | | | | | 1 |
| CITY-ST-ZIP | PENSACOLA FL 32506 | | 6.4 CITY-S | | | | | | | |

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 suppliemental 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, with all other like empowered.