

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 # N94000002738 (2)

1. Corporation Name

**THE NORTHWEST FLORIDA TRIBE OF MUSCOGEE CREEK IN
DIANS, INC.**



Principal Place of Business

Mailing Address

**6944 COX ROAD
BASCOM FL 32423**

**6944 COX ROAD
BASCOM FL 32423**

3. Date Incorporated or Qualified

06/02/1994

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOOD, EARL
6944 COX ROAD
BASCOM FL 32423**

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 ☐ DELETE

NAME **PD
HOOD, EARL**
STREET ADDRESS **6944 COX ROAD**
CITY-ST-ZIP **BASCOM FL 32423**

TITLE ☐ DELETE

NAME **VD
HOOD, CATHIE**
STREET ADDRESS **504 FAIRVIEW STREET**
CITY-ST-ZIP **OZARK AL 36360**

TITLE ☒ DELETE

NAME **D
SMITH, PATTY**
STREET ADDRESS **P.O. BOX 95**
CITY-ST-ZIP **WESTVILLE FL 32464**

TITLE ☒ DELETE

NAME **D
WILLIAMS, ROBERT**
STREET ADDRESS **4337 FOLSOM STREET**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE ☐ DELETE

NAME **D
CARR, TAFT**
STREET ADDRESS **P.O. BOX 444 N/A**
CITY-ST-ZIP **GRAND RIDGE FL 32442**

TITLE ☐ DELETE

NAME **D
CUMMINGS, O.B.**
STREET ADDRESS **4341 FOLSOM STREET**
CITY-ST-ZIP **MARIANNA FL 32446**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

**MESSER, PAUL
ROUTE 4, BOX 192
BONIFAY, FL. 32425**

D

**THOMAS BOSWELL
965 NANCY LANE
MOLINO, FL. 32577**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 904)592-4401
Date Daytime Phone #

CR2E037 (12/95)