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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-3256226

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

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

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

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

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **S
GAINEY, DONNIE M**
STREET ADDRESS **P.O. BOX 183N/A**
CITY-ST-ZIP **COTTONDALE FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **D
BOSWELL, THOMAS**
STREET ADDRESS **965 NANCY LANE**
CITY-ST-ZIP **MOLINO FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **D
WILLIAMS, ROBERT**
STREET ADDRESS **2831 SAINT JOHNS ST**
CITY-ST-ZIP **MARIANNA FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME **D
SCONTIERS, DALE**
STREET ADDRESS **RT 1, BOX 382**
CITY-ST-ZIP **WESTVILLE FL**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**D LORY REICHERT
117 WEST COOK ROAD
TAYLOR, AL. 36301**

**D RAYMOND SAPP
3154 CLEAITMOND RD
MARIANNA, FL. 32446**

**D BELINDA D. WHITE
4824 HWY 22
PANAMA CITY, FL. 32404**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0010422

CR2ED37 (1097)