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**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90120 008 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000002738**

1. Corporation Name

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

Principal Place of Business

**6944 COX ROAD  
BASCOM FL 32423**

Mailing Address

**6944 COX ROAD  
BASCOM FL 32423**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified

**06/02/1994**

4. FEI Number

**59-3256226-**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

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

TITLE **D** ☐ DELETE  
NAME **REICHERT, LORY**  
STREET ADDRESS **117 W COOK RD**  
CITY-ST-ZIP **TAYLOR AL 36301**

TITLE **D** ☒ DELETE  
NAME **SAPP, RAYMOND**  
STREET ADDRESS **3154 CLEAITMOND RD**  
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☐ DELETE  
NAME **WHITE, BELINDA D**  
STREET ADDRESS **4824 HWY22**  
CITY-ST-ZIP **PANAMA CITY FL 32404**

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 **T**  
5.3 STREET ADDRESS **COULIETTE, BONNIE C.**  
5.4 CITY-ST-ZIP **2082 CORBIN ROAD**  
**COTTONDALE, FL. 32431**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

26 APRIL 1999 (850) 592-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)