

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000002738

1. Entity Name

CHOCTAWHATCHEE CREEK INDIAN NATION INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 29 PM 3: 06

Principal Place of Business

7313 BIRCHWOOD ROAD
GRAND RIDGE FL 32442-3761

Mailing Address

7313 BIRCHWOOD ROAD
GRAND RIDGE FL 32442-3761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3256226

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOD, EARL
7313 BIRCHWOOD ROAD
GRAND RIDGE FL 32442-3761

Name

Street Address (P.O. Box Number is Not Acceptable)

500032516135

04/13/04--01023--014 **70.00

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HOOD, EARL
STREET ADDRESS 7313 BIRCHWOOD ROAD
CITY-ST-ZIP GRAND RIDGE FL 32442-3761

TITLE VD ☐ Change ☒ Addition
NAME MOSIER, ANTHONY
STREET ADDRESS POST OFFICE BOX 173
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE VD ☐ Delete
NAME HOOD, CATHIE
STREET ADDRESS RT 1, BOX 50-A
CITY-ST-ZIP ARITON AL 36311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME COULLIETTE, BONNIE
STREET ADDRESS 2082 CORBIN ROAD
CITY-ST-ZIP COTTONDALE FL 32431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME NORDES, PATRICIA
STREET ADDRESS 1270 SPIVEY ROAD
CITY-ST-ZIP GRAND RIDGE FL 32442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEATON, JOHN
STREET ADDRESS 8110 HAWLEY STREET
CITY-ST-ZIP SNEADS FL 32460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HARRISON, WALTER H
STREET ADDRESS 7766 WOODLAWN DRIVE
CITY-ST-ZIP SNEADS FL 32460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #