2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					- ILED	
DOCUMENT # N9400002738  1. Entity Name					06 APR - 5 PM 12: 44	
CHOCTAWHATCHEE CREEK INDIAN NATION INC.					SECRETARY OF STATE	
Principal Place of Business		Mailing Address			TALLAHASSEE, FLORIDA	
7313 BIRCHWOOD ROAD GRAND RIDGE FL 32442-3761		7313 BIRCHWOOD ROAD GRAND RIDGE FL 32442-3761				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/05) 0 6	
City & State		City & State			4. FEI Number Applied For S9-3256226 Not Applied	$\dashv$
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	! <u> </u>		7. Name and Address of New Registered Agent	
1				Name		
HOOD, EARL 7313 BIRCHWOOD ROAD GRAND RIDGE FL 32442-3761			Street A	Street Address (P.O. Box Number is Not Acceptable)		
			<del></del>			
			City	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).						
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing  \$5.00 May Be						
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	PD HOOD, EARL	☐ Delete	TITLE NAME		☐ Change ☐ Addii	tion
STREET ADDRESS	7313 BIRCHWOOD ROAD		STREET ADDRESS		100072289421	
CITY-ST-ZIP	GRAND RIDGE FL 32442-3761		CITY-ST-ZIP		04/27/0601017009 **70 /0 '	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOOD, CATHIE RT 1, BOX 50-A ARITON AL 36311	☐ Delete	NAME WAIT  STREET ADDRESS  CITY-ST-ZIP	2775	cods, Fl 32460 Malter)	tion
lifit	TD	Delete	TITLE TO	N	Nack B Maser Othange Addi	tion
NAME STREET ADDRESS	COULLIETTE, BONNIE 2082 CORBIN ROAD		NAME STREET ADDRESS	2	1073, Ma 104 BV	1
CITY-ST-ZIP	COTTONDALE FL 32431		CITY-ST-ZIP	51	ineads, F1 32460	ł
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORDES, PATRICIA 1270 SPIVEY ROAD GRAND RIDGE FL 32442	☐ Delete	TITLE S NAME STREET ADDRESS CITY-SI-ZIP	Pat	tricia Mordes (Mordes)	tion
TITLE	D D	☐ Delete	TITLE	31	Change Addit	lion
NAME	DEATON, JOHN		NAME		_ Stange _ 7000	
STREET ADDRESS	8110 HAWLEY STREET SNEADS FL 32460		STREET ADDRESS			
CITY-ST-ZIP TITLE	D	Delete	CITY-ST-ZIP	MA	ack B Mason Thehange Addition	ition
NAME	HARRISON, WALTER H	L⊒ Detete	NAME	20	573 Maloy Dr	
STREET ADDRESS	7766 WOODLAWN DRIVE	•	STREET ADDRESS		eads, 4160 32460	
CITY-ST-ZIP	SNEADS FL 32460	h this filing does set ought.	CITY-ST-ZIP	contains	and in Section 119 Florida Statutos I further neglity that the information	_
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.						

4 Mitchell APR

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