2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002738

FILED Apr 22, 2009 Secretary of State

Entity Name: CHOCTAWHATCHEE CREEK INDIAN NATION INC.

Current Principal Place of Business: New Principal Place of Business: 7313 BIRCHWOOD ROAD GRAND RIDGE, FL 324423761 US **Current Mailing Address: New Mailing Address:** 7313 BIRCHWOOD ROAD GRAND RIDGE, FL 324423761 US FEI Number: 59-3256226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOOD, EARL 7313 BIRCHWOOD ROAD GRAND RIDGE, FL 324423761 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOOD, EARL Name: Name: 7313 BIRCHWOOD ROAD Address: Address: City-St-Zip: GRAND RIDGE, FL 324423761 US City-St-Zip: Title: VD Title: () Delete () Change () Addition WALTER, HARRISON H Name: Name: Address: 7766 WOOD LAWN DRIVE Address: City-St-Zip: SNEADS, FL 32460 US City-St-Zip: Title: () Delete Title: (X) Change () Addition MASON, MACK B BALDREE, LARRY Name: Name: 2073 MALOY DRIVE 1802 TENNESSEE STREET Address: Address: City-St-Zip: SNEADS, FL 32460 US City-St-Zip: ALFORD, FL 32420 US Title: () Delete Title: () Change () Addition MORDES, PATRICIA Name: Name: 1270 SPIVEY ROAD Address: Address: City-St-Zip: GRAND RIDGE, FL 32442 US City-St-Zip: Title: () Delete Title: (X) Change () Addition DEATON, JOHN BALDREE, MICHAEL Name: Name: 8110 HAWLEY STREET 1802 TENESSEE STREET Address: Address: City-St-Zip: SNEADS, FL 32460 US City-St-Zip: ALFORD, FL 32420 US Title: () Delete Title: (X) Change () Addition MASON, MACK B MORDES, PATRICIA A Name: Name: Address: 2073 MALOY DRIVE Address: 1276 SPIVEY RD GRAND RIDGE, FL 32442 US SNEADS, FL 32460 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL D. HOOD D. 04/22/2009