

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003782 (9)

1. Corporation Name

THE SPRING WARRIOR MUSCOGEE CREEK TRIBE OF FLORIDA, INC.



Principal Place of Business

Mailing Address

RT. 1 BOX 52-H
PERRY FL 32347

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PERRY FL 32347

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report: 08/25/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	RT 1 Box 1222	26	RT 1 Box 1222	APPLIED FOR		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
23	Perry FL	28	Perry FL	<input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Zip 32347	25	Country				
29	32347	30	Country				

9. Name and Address of Current Registered Agent

SADLER, MELVA
RT. 1 BOX 52-H
PERRY FL 32347

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	RT 1 Box 1222
84	City
85	Zip Code
	FL

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, 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	P MCGUIRE, JOANN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 2 HAGAN RD.	1.2 NAME	Buddy Sadler
STREET ADDRESS	GREENVILLE FL 32331	1.3 STREET ADDRESS	RT 1 Box 1222
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Perry FL 32347
TITLE	V MATSINGER, KEITH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 1 BOX 557-5	2.2 NAME	
STREET ADDRESS	PERRY FL 32347	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T SADLER, DOROTHY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 1 BOX 1218	3.2 NAME	
STREET ADDRESS	PERRY FL 32347	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S SADLER, MELVA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 1 BOX 52-H	4.2 NAME	
STREET ADDRESS	PERRY FL 32347	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MATSINGER, DEANNA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 1 BOX 557-5	5.2 NAME	400001849284
STREET ADDRESS	PERRY FL 32347	5.3 STREET ADDRESS	-06/04/96--01018--024
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	D THOMLEY, JAMES	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	103 WALTER SMITH RD.	6.2 NAME	
STREET ADDRESS	PERRY FL 32347	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Melva Sadler Melva Sadler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/96
Date

8381674
Daytime Phone #

CR2E037 (12/95)