FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	Secret DIVISION OF	ary of State CORPORA		NS	
DOCUMENT # N9500004305 (7) 1. Corporation Name						
THE CREEK CONFEDERATION OF FLORIDA, INC.						1 A B 1 (4 B B 1 (4 B B B 1 (4 B B B B 1 (4 B B B B B B B B B B B B B B B B B B
Principal Place	of Business	Mailing Address				4 INDRINGS BIE KEIN DINK DONG BOWN BOWN BOWN DIODS KINN DOUGH DINK HODS
4344 US HIGHWAY 90 4344 US HIGHWAY 90 SUITE A						
PACE FL 32571 PACE FL 32571						Date Incorporated or Qualified
^						3. Date Incorporated or Qualified O9/11/1995
~ ~ 1 1 /	ace of Business a Chelku	2a. Mailing Address	n 0		·····	4. FEI Number Applied For
21 3 3 3 4 4 00 100 10 1 10 16 Suite, Apt. #, etc.			<u> </u>			59-559070 Not Applicable
22 Sute #8 27						5. Certificate of Status Desired Fee Required
23 ALL	AHASSEE FL.	City & State				6. Election Cempaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Z#22	Country C	Zip	Cou	ntry		This corporation has liability for intangible tax under s. 199.032,
24 20	9. Name and Address of Current i	29 Registered Agent	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent
				81	Name	
PRAYTOR, DAWN 10520 WILLOW LAKE DR				82	Street Ac	cidress (P.O. Box Number is Not Acceptable)
PENSACOLA FL 32506				83		
	All Sections of the Control of the C			84	City	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the				พย-กล	amed corp	FL 0 poration submits this statement for the purpose of changing its registered office
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 tylely applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE						
12.	OFFICERS AND I	DIRECTORS	13.	r gork	ang-mate-to-to-to-to-to-to-to-to-to-to-to-to-to-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
TITLE NAME	PD NICHOLS, THOMAS E	DOETELE	1.1 TI 1.2 N/			SADLER, Buddy
STREET ADDRESS	4344 US HGIHWAY 90 SUITE A	i			ADDRESS	RT2 BOX 52-H
CITY - ST - ZIP	PACE FL 32571	December		TY-ST		PORKY, FL. 32347
TITLE NAME	STD PRAYTOR, DAWN	DELETE	2.1 TI		-	Tahns, Bobby
STREET ADDRESS	10520 WILLOW LAKE DR				ADDRESS A	17533 POLONIOUS PRKWY.
CITY-ST-ZIP	PENSACOLA FL 32506	DELETE	2.4 C	ITY-ST	- 17	PENSACOLA, FL. 32506 Change PAddition
TITLE NAME	BLUE, SAM	joccene	3.1 H		6	GASKINS, Jerry
STREET ADDRESS	RT 1 BOX 652		3.3 \$1	FREET A	ADDRESS 2	YTIS SPRUCE DE. DUNNUCCON, FC. 34434
CITY-ST-ZIP	PERRY FL 32347	□ DELETE:	3.4. C 4.1 TI	TY-ST		
NAME	HOOD, EARL		4. 2 N		0	VARUES JOHN
STREET ADDRESS	6944 COX ROAD Bascom FL 32423				ADDRESS	1403 N. 57 IH AVET
CITY-ST-ZIP TITLE	DAGCOM FL 32423	DELETE	4.4 CI 5.1 TI	TY-ST TLE	1	PUNSACOLA, FL. 32506 D Change MAddition
NAME	WOODS, LONZO		5.2 N/	AME	{	ELLIS, C.L.
STREET ADDRESS	PO BOX 687 N/A Lynn haven FL 32444				ADDRESS	8810 SERNICAN KD.
CITY-ST-ZIP TITLE	o mcghee	DELETE	. 6.1 TI	TY-ST TLE	7	ELLIS, C.L. 8810 SERNICAN RD. PENSACOLA, FL. 32504 EVANS, WILDUIT PO.BOX 1
NAME	MEGRE, JOE ŠR 2124 INTERLAKEN ST 201	adawilsona	VC 6.2 N		1	EVANS, WILDVIT
STREET ADDRESS .	PENSACOLA FL 92506 325	50'7		TREET # ITY-ST	ADDRESS	POINT WASHING TON FL. 32954
14. I do hereb	y certify that the information supplied wit	h this filing is voluntarily furr	nished and	does	not qualif	ify 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.						

TURE AND TYPED OR PRINTED NAME OF FIGHING OFFICER OR DIRECTOR

964 -494 - 5874 Deyline Phone 8