FILE NOW: FILING FEE IS \$61.25

NONPŘOFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mothant

Sedictary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N98

N95000004499 (8)

MUSCOGEE "CREEK" NATION EAST OF THE MISSISSIPPI, INC.

Principal Place	e of Business	Mailing Addr	Mailing Address							
3601 AVENUE MONTRESOR DELRAY BEACH FL 33445		3601 AVENUE MONTRESOR DELRAY BEACH FL 33445								
							3. Date Incorporated or Qualified 09/15/1995	3a. Dat	o of Last [Report
2. Principal Pl	ace of Business	2a. Mailing A	ddress				4. FEI Number	7	V	hpplied/For
21		26						1		Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.				5. Certificate of Status Desired	M 7)		Additional
22		27	-+-					/-		Required
City & State	3	City & State				 Election Campaign Financing Trust Fund Contribution 			D May Be I to Fees	
23] Zip	Country	Zip		Country			This corporation has liability for	intanoible ta		
24	25	29	30]	,			Yes 🗆		100.002.
<u></u>	9. Name and Address of Current			<u>' T</u>		······································	10. Name and Address of New I	legistered /	\gent	
		,,		81	77	lame				arainatas anameries
ดเหรือดง	, HARVEY L		82	 	New year And all and	ss (P.O. Box Number is Not Accepta	olo)			
	ENUE MONTRESOR		62	1	Meet Addres	SS (F.O. DOX NUMBERS NOT Accepte	лој			
	BEACH FL 33445			83	1					,
				100	 					Codo
*				84	1	Dity		FL	85 Zip	Code
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Section Signature typed or printed name of registered agent a	a. Such change v on 617.0503, Flor	vas authorized by ida Statutes.	the corp	oora	ation's board	of directors. I hereby accept the app	pointment as I	registered	agent. I am
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OF	TICERS AND	DIRECTO	RS IN 12
TITLE	Secretary / Directo	or 🗆	DELETE	1.1 TITLE				Ţ.	Change	Addition
NAME	Sherry L. Jung			1.2 NAME						
STREET ADDRESS	1612 Country Lane Ea	st		1.3 STREE	I AD	ORESS				
CITY-ST-ZIP	Clearwater, FL 34619	l		1.4 C(TY-!	ST-Z	'IP				
TITLE	Treasurer / Directo	or C	DELETE	2.1 TITLE]] Change	Addition
NAME	Catherine R. Koch			2.2 NAME						
STREET ADDRESS	3601 Avenue Montress	or		2.3 STREE	T AD	DRESS				
CITY-ST-ZIP	Delray Beach, FL 334	45		2 4 Cily-	ST-2	ZIP				<u>-</u>
TITLE	President/ Direct	F'	DELETE	3.1 TITLE					Change	Addition
NAME	Harvey L. Gibson			3.2 NAME						
STREET ADDRESS		resor		3.3 STREE	T ADI	DRESS				
CITY-ST-ZIP	3601 Avenue Monta Delray Beach, FL	33445_	lne, ere	3.4. CITY-		ZIP			T Change	[] Addition
TITLE	1	L]DELETE	4.1 TITLE				L	Change	[_] Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE						
CITY - ST - ZIP			DELETE	4.4 CITY-1		'IP			Change	Addition
TITLE		L	JULICE IE	5.1 TITLE				L	change	radition
NAME CTOCCT ADDOCCO				5.2 NAME		DOEGS				
STREET ADDRESS				5.3 STREE			- خدمت کے القائد القائد جمعی القائد القومی		.e p	
CITY-ST-ZIP]DELETE	54 CITY-:		197	5000017 ; -04/16/9601 ***70.00	5	Change	Addition
TITLE		L	INECLE	62 NAME			-04/16/9601	12600	12	
NAME CTREET ADDRESS				6 STREE	1	DRESS	***70.00		241	6

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.

6.4 CITY-ST-ZIP

SIGNATURE: HAR

HARVEY L. GIBSON Jan. 24, 1996
Details Date Date

407-498-0622

Daytime Prior e #

R2F037 (12/95)