## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004499 (8)

MUSCOGEE "CREEK" NATION EAST OF THE MISSISSIPPI, INC. Principal Place of Business Mailing Address 3601 AVENUE MONTRESOR 3601 AVENUE MONTRESOR 3. Date Incorporated or Qualified **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445 09/15/1995 4. FEI Number 65-0701165 2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired 21 26 Sulte Apt #, etc. Suite, Apt. #. etc. 6. Election Campaign Financing Trust Fund Contribution 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? ⊠w Yes 23 28 Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIBSON, HARVEY L 82 Street Address (P.O. Box Number is Not Acceptable) 3601 AVENUE MONTRESOR **DELRAY BEACH FL 33445** 83 City

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 title if applicable (NOTE: Registered Agent algorature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME JUNG, SHERRY L. 1.2 NAME 1612 COUNTRY LN E. STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34619** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE KOCH, CATHERINE R. 2.2 NAME NAME 3601 AVE. MONTRESSOR STREET ADDRESS 2.3 STREET ADDRESS DELRAY BVH. FL 33445 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE GIBSON, HARVEY L. NAME 3.2 NAME 3601 AVE. MONTRESSOR 3.3 STREET ADDRESS STREET ADDRESS DELRAY BCH. FL 33445 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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SIGNATURE:

**FILED** 

Apr 14 1998 8:00am

Secretary of State

**CR2E037** 

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Not Applicable