2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N96000002036

Entity Name: SUWANNEE BEND CREEK TRIBE OF WHITE SPRINGS, FLORIDA, INC.

Current Principal Place of Business:

15111 SE 100TH WAY
WHITE SPRINGS, FL 32096 US

New Principal Place of Business:

895 SE CR 245-A
LAKE CITY, FL 32025 US

Current Mailing Address:

P.O. BOX 534
CREIGHTON, NE 68729 US

New Mailing Address:

P.O. BOX 161
406 MAIN ST.
CENTER, NE 68724 US

FEI Number: 59-3426717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NUNNELLEY, KEN
88 JENNIFER CIRCLE
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: MOZAK, DEBORAH E
Address: 15111 SE 100TH WAY
City-St-Zip: WHITE SPRINGS, FL 32096

Title: D ( ) Delete
Name: MOZAK, DANNY L
Address: 15111 SE 100TH WAY
City-St-Zip: WHITE SPRINGS, FL 32096

Title: D ( ) Delete
Name: NUNNELLY, KEN
Address: 88 JENNIFER CIRCLE
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MOZAK, DEBORAH E
Address: 895 SE CR 245-A
City-St-Zip: LAKE CITY, FL 32025 US

Title: D (X) Change ( ) Addition
Name: MOZAK, DANNY L
Address: 406 MAIN ST.
City-St-Zip: CENTER, NE 68724 US

Title: ( ) Change ( ) Addition
Name:
Address:
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: DEBORAH E. MOZAK D 04/10/2008

Electronic Signature of Signing Officer or Director — Date