

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90078 046 ****61.25

DOCUMENT # N97000001493

1. Entity Name

NORTH FLORIDA INDIAN FOUNDATION, INC.

Principal Place of Business

**2454 PRETTY BAYOU BLVD.
PANAMA CITY FL 32405**

Mailing Address

**2454 PRETTY BAYOU BLVD.
PANAMA CITY FL 32405**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3431647

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WHITSITT, RICHARD L
2454 PRETTY BAYOU BLVD.
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/02**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **CREEEL, HILTON E**
STREET ADDRESS **5920 ARD DRIVE**
CITY-ST-ZIP **YOUNGSTOWN FL 32466**TITLE **DS** ☐ Delete
NAME **CREEEL, CECILIA**
STREET ADDRESS **5920 ARD DRIVE**
CITY-ST-ZIP **YOUNGSTOWN FL 32466**TITLE **DE** ☐ Delete
NAME **PIERCE, DEBORAH C**
STREET ADDRESS **503 S 5TH STREET**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE **DT** ☐ Delete
NAME **WHITSITT, MARJORIE R**
STREET ADDRESS **1522-C ARTHUR DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32405**TITLE **DVP** ☐ Delete
NAME **WHITSITT, RICHARD L**
STREET ADDRESS **2454 PRETTY BAYOU BLVD.**
CITY-ST-ZIP **PANAMA CITY FL 32405**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

Daytime Phone #

CR2E037 (9/01)