

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90200 015 ****70.00

DOCUMENT # N99000003136

1. Entity Name
SOUTHERN BAND OF THE CHEROKEES, INC.



Principal Place of Business
**108 E MELBOURNE AVE
MELBOURNE, FL 32901**

Mailing Address
**108 E MELBOURNE AVE
MELBOURNE, FL 32901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3582830

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JACKSON, TOMMY~~
**108 E MELBOURNE AVE
MELBOURNE, FL 32901**

Name **STANLEY A. FIELD**

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

108 E. MELBOURNE AVE

City **MELBOURNE**

FL

Zip Code
32901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **STANLEY A FIELD**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

24 APR 2004

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **CD**
STREET ADDRESS **RAMEY, WARREN**
CITY-ST-ZIP **11870 N 400 E
BATESVILLE, IN 47006**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **ERICKSON, DEAN E**
CITY-ST-ZIP **15010 GILES ROAD, #103
OMAHA, NE 68138**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **BARGERSTOCK, GAIL A**
CITY-ST-ZIP **15010 GILES ROAD, #205
OMAHA, NE 68138**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **FIELD, STAN**
CITY-ST-ZIP **105 E MELBOURNE AVE
MELBOURNE, FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **CP FIELD, STANLEY A**
STREET ADDRESS **108 E. MELBOURNE AVE**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☐ Change ☒ Addition
NAME **D REDDITT, BENJAMIN A**
STREET ADDRESS **35-A MAIN ST, PO BOX 343**
CITY-ST-ZIP **CALIFON, NJ 07830**

TITLE ☒ Change ☐ Addition
NAME **S BARGERSTOCK, GAIL A.**
STREET ADDRESS **4508 SYCAMORE RD**
CITY-ST-ZIP **CINCINNATI, OHIO 45236**

TITLE ☐ Change ☒ Addition
NAME **T REYNOLDS, INEZ M.**
STREET ADDRESS **5708 HIGHLAND AVE**
CITY-ST-ZIP **CINCINNATI, OHIO 45216**

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

TITLE ☐ 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 another, like empowered.

SIGNATURE:

Stanley A Field

STANLEY A FIELD

24 APR 2004

(32)724-1597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Phone #