

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90128 024 ****70.00

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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**



03012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3582830	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELD, STANLEY A
108 E MELBOURNE AVE
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FIELD, STANLEY 108 E MELBOURNE AVE. MELBOURNE, FL 32901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDITT, BENJAMIN A 35 A MAIN STREET, P.O. BOX 343 CALIFON, NJ 07830
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAGERSTOCK, GAIL A 4508 SYCAMORE RD. CINCINNATI, OH 45236
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, INEZ M 5708 HIGHLAND AVE. CINCINNATI, OH 45216
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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← spelling -
of
Bagerstock
should be:
Bargerstock
thanks -

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2006 (321) 724-1597

Date

Daytime Phone #