2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 31, 2003 8:00 am **Secretary of State** DOCUMENT # P02573 01-31-2003 90146 011 ****61.25 AMERICAN CHEROKEE CONFEDERACY, INC. Principal Place of Business Mailing Address 619 PINE CONE RD 619 PINE CONE RD ALBANY GA 31705-6906 ALBANY GA 31705-6906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 93-0788746 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, CLEVE "LIGHTFOOT" 5452 N. DEAN RD. Burton Lane ORLANDO FL 32817 arasota. 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Delete TITLE Change ☐ Addition NAME JACKSON, WILLIAM P "RAT NAME STREET ADDRESS STREET ADDRESS 619 PINE CONE RD CITY-ST-ZIP CITY-ST-ZIP ALBANY GA 31705-6906 ☐ Delete ☐ Change ☐ Addition JACKSON, MARY STREET ADDRESS STREET ADDRESS 619 PINE CONE RD CITY-ST-ZIP CITY-ST-ZIP ALBANY GA 31705-6906 Kennedy, Daniel F. Hawkrun Change Sarasota, Fla. 34239 Delete BROWN, CLEVE "LIGHTFOOT" STREET ADDRESS STREET ADDRESS 5452 N. DEAN ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817-3241 ☐ Delete TITLE Change ☐ Addition PC NAME JACKSON, WILLIAM NAME STREET ADDRESS STREET ADDRESS 619 PINE CONE ROAD CITY-ST-ZIP CITY-ST-7IP ALBANY GA 31705-6906 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME Jackson, Mary C NAME STREET ADDRESS STREET ADDRESS 619 PINE CONE ROAD CITY-ST-ZIP CITY-ST-ZIP ALBANY GA 31705-6906 Kennedy, Daniel F. "Hawkrun" Change Delete TITLE BA-TITLE ☐ Addition BROWN, CLEVE NAME NAME 30ta, Fla. 34239 STREET ADDRESS STREET ADDRESS 5452 NORTH DEAN ROAD

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.

CITY-ST-ZIP

SIGNATURE:

ORLANDO FL 32817-3241

CITY-ST-7IP

1-26-2612 229-787-5722

FILED