2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N08192

Entity Name: FLORIDA NATIONAL CHEROKEE FEDERATION, INC.

Current Principal Place of Business:

208 S.E. EARL BLVD.
BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

CHIEF JACK SANFORD
208 S.E. EARL BLVD.
BRANFORD, FL 32008

New Mailing Address:

FEI Number: 58-0072505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, JOHN L
906 SANTA CRUZ ROAD
COCOA BEACH, FL 32931 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:	PD	( ) Delete
Name:	GRIFFIN, JOHN	
Address:	906 SANTA CRUZ RD.	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	STVD	( ) Delete
Name:	SANFORD, JACK	
Address:	PO BOX 322, N/A	
City-St-Zip:	SEFFNER, FL 33584	
Title:	D	( ) Delete
Name:	GRIFFIN, JONNA	
Address:	P.O. DRAWER 321370	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	D	( ) Delete
Name:	SANFORD, MACKIE L	
Address:	P.O. BOX 252	
City-St-Zip:	INGLIS, FL 34449	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOHN GRIFFIN PD 03/29/2009

Electronic Signature of Signing Officer or Director — Date