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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16508 (6)

1. Corporation Name

FRIENDS OF THE AMERICAN INDIAN PEOPLE, INC.

Principal Place of Business

P. O. BOX 7042
VERO BEACH FL 32961
US

Mailing Address

P. O. BOX 7042
VERO BEACH FL 32961-7042
US3. Date Incorporated or Qualified
08/25/19863a. Date of Last Report
04/12/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Zip

Country

30

4. FEI Number

59-2736200

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOTH, TED
1220 5TH STREET
VERO BEACH FL 32962

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, CHRISTA
STREET ADDRESS 166 22ND AVE
CITY-ST-ZIP VERO BEACH FL
☐ DELETETITLE VD
NAME BOOTH, HELEN
STREET ADDRESS 166 22ND AVE
CITY-ST-ZIP VERO BEACH FL
☐ DELETETITLE SD
NAME POLVERARI, LOUISE
STREET ADDRESS 166 22ND AVE
CITY-ST-ZIP VERO BEACH FL
☒ DELETETITLE TD
NAME THOMPSON, FAYE
STREET ADDRESS 166 22ND AVE
CITY-ST-ZIP VERO BEACH FL
☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Conway, Richard A.
1.3 STREET ADDRESS 8775 20th St. Ldr #355
1.4 CITY-ST-ZIP Vero Beach, FL 32966
☒ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition3.1 TITLE SD
3.2 NAME Edith Gaffney
3.3 STREET ADDRESS 21 Pine Arbor Ln #202
3.4 CITY-ST-ZIP VERO BEACH, FL 32962
☒ Change ☐ Addition4.1 TITLE TD
4.2 NAME Helen Smith
4.3 STREET ADDRESS 4906 Eagle Dr
4.4 CITY-ST-ZIP Ft. Pierce, FL 34951
☒ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020687

CR2E037 (9/96)