

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90229 049 ****61.25

0021300

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16508

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/25/1986

4. FEI Number

59-2736200

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~BOOTH, TED~~
~~1220 5TH STREET~~
~~VERO BEACH FL 32962~~

10. Name and Address of New Registered Agent

81 Name **Helen Smith**
82 Street Address (P.O. Box Number is Not Acceptable)
4906 Eagle Dr.
83
84 City **FT Pierce, FL** 85 Zip Code **34951**

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 *Helen S. Smith*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CONWAY, RICHARD A.	
STREET ADDRESS	8775 20TH ST., LOT 355	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOOTH, HELEN	
STREET ADDRESS	166 22ND AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GRAFFWEY, EDITH	
STREET ADDRESS	21 PINE ARBOR LANE, #202	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, HELEN	
STREET ADDRESS	4906 EAGLE DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Smith, Helen	
1.3 STREET ADDRESS	4906 Eagle Drive	
1.4 CITY-ST-ZIP	FT Pierce, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Conway, Richard A.	
2.3 STREET ADDRESS	8775 20th St., Lot 355	
2.4 CITY-ST-ZIP	VERO Beach, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barany, April A.	
3.3 STREET ADDRESS	2165 80th Ave.	
3.4 CITY-ST-ZIP	VERO Beach, FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Constantino, Florence	
4.3 STREET ADDRESS	1000 27th Ave S.W.	
4.4 CITY-ST-ZIP	VERO Beach, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Helen S. Smith* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 561-464-0777

Date

Daytime Phone #

CRZE037 (11/98)