

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007620

Entity Name: TRAIL OF FLORIDA'S INDIAN HERITAGE, INC.**Current Principal Place of Business:**100 PINE ARBOR CIRCLE
SAINT AUGUSTINE, FL 32084**Current Mailing Address:**100 PINE ARBOR CIRCLE
SAINT AUGUSTINE, FL 32084 US**FEI Number:** 33-1028180**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWANN, BRENDA
100 PINE ARBOR CIRCLE
SAINT AUGUSTINE, FL 32084 US*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:** BRENDA SWANN

02/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name STANTON, WILLIAM
Address 3900 COMMONWEALTH BLVD
 MS 530
City-State-Zip: TALLAHASSEE FL 32399

Title SECRETARY
Name DALENCE, NANCY
Address TAMPA BAY HISTORY CENTER
 801 OLD WATER ST
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name OTIS, HEATHER
Address 180 S. HEATHWOOD DR.
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name HARKE, RYAN
Address 3308 33RD ST W
City-State-Zip: BRADENTON FL 34205

Title PRESIDENT
Name ALLEN, TAMARA
Address PO BOX 0666
City-State-Zip: CARABELLE FL 32322

Title DIRECTOR
Name CHALFANT, JACK
Address 30290 JOSIE BILLIE HIGHWAY
 PMB 1004
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name HARRENSTEIN, TRISTAN
Address 3540 THOMASVILLE RD
City-State-Zip: TALLAHASSEE FL 32309

I hereby 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 all other like empowered.

SIGNATURE: TAMARA ALLEN

PRESIDENT

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date