#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007620

Entity Name: TRAIL OF FLORIDA'S INDIAN HERITAGE, INC.

**FILED** Apr 29, 2019 Secretary of State 8249027875CC

## **Current Principal Place of Business:**

3714 SANTIAGO STREET TAMPA, FL 33629

## **Current Mailing Address:**

P.O. BOX 778

DUNEDIN, FL 34697

FEI Number: 33-1028180 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

KITE-POWELL, RODNEY 3714 SANTIAGO STREET TAMPA, FL 33629 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: RODNEY KITE-POWELL 04/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **TREASURER** Title VΡ

FEKETE, RONALD THOMIN, MIKE Name Name

Address 1041 SAN SALVADOR DR Address DARC

207 EAST MAIN STREET

**SECRETARY** 

DUNEDIN FL 34698 City-State-Zip: City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR

ARDREN, MARTHA Name Name BELL, AUSTIN

Address 35303 SW 180 AVE #412 MARCO ISLAND HISTORICAL

FLORIDA CITY FL 33034 City-State-Zip:

SOCIETY

180 HEATHWOOD DR.

Title

Address

MARCO ISLAND FL 34145 Title **DIRECTOR** City-State-Zip:

Name KHAKZAD, SORNA

Title **DIRECTOR** Address 207 E MAIN STREET Name ALLEN, TAMARA PENSACOLA FL 32502 City-State-Zip:

Address PO BOX 0666

City-State-Zip: CARABELLE FL 32322 Title **PRESIDENT** 

KITE-POWELL, RODNEY Name

Title **DIRECTOR** Address TAMPA BAY HISTORY CENTER

Name CHALFANT, JACK 801 OLD WATER ST

30290 JOSIE BILLIE HIGHWAY Address City-State-Zip: TAMPA FL 33602

PMB 1004

CLEWISTON FL 33440 City-State-Zip:

### Continues on page 2

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.

04/29/2019 SIGNATURE: RODNEY KITE-POWELL **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name MURTO, GARRETT

Address 337 NORTH TAMIAMI TRAIL

City-State-Zip: OSPREY FL 34229