

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007620

Entity Name: TRAIL OF FLORIDA'S INDIAN HERITAGE, INC.**Current Principal Place of Business:**1041 SAN SALVADOR DRIVE
DUNEDIN, FL 34698**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:**FEKETE, RON
1041 SAN SALVADOR DRIVE
DUNEDIN, FL 34698 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:** RON FEKETE

08/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name FEKETE, RONALD
Address 1041 SAN SALVADOR DR
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name ARDREN, MARTHA
Address 35303 SW 180 AVE #412
City-State-Zip: FLORIDA CITY FL 33034

Title VP
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 THOMIN, MIKE
Address DARC
 207 EAST MAIN STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name KHAKZAD, SORNA
Address 207 E MAIN STREET
City-State-Zip: PENSACOLA FL 32502

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

Title PRESIDENT
Name MURTO, GARRETT
Address 337 NORTH TAMIAMI TRAIL
City-State-Zip: OSPREY FL 34229

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.

SIGNATURE: RONALD FEKETE

TREASURER

08/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name BELL, AUSTIN
Address 180 S. HEATHWOOD DR.
City-State-Zip: MARCO ISLAND FL 34145

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