

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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****10/04/2021**

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           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

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

Title           DIRECTOR  
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

*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****10/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date