

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010627

**Entity Name:** EASTERN NATIVE AMERICAN WORKFORCE ASSOCIATION, INC.

**FILED**  
**Jan 26, 2017**  
**Secretary of State**  
**CC0209467215**

**Current Principal Place of Business:**

625 N. ADAMS STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

625 N. ADAMS STREET  
TALLAHASSEE, FL 32301

**FEI Number: 81-4384125**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

OSCEOLA, CURTIS  
625 N. ADAMS STREET  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	OSCEOLA, CURTIS
Address	625 N. ADAMS STREET
City-State-Zip:	TALLAHASSEE FL 32301
Title	S
Name	ATKINS, KATHY
Address	1139 OLD SHILOH ROAD
City-State-Zip:	GOODLETTSVILLE TN 37072
Title	O
Name	RICHARDSON, ANNE
Address	5036 INDIAN NECK ROAD
City-State-Zip:	INDIAN NECK VA 23148

Title	VP
Name	LOCKLEAR, RODRICK
Address	PO BOX 68 PROSPECT ROAD
City-State-Zip:	PEMBROKE NC 28372
Title	T
Name	JEVSEVAR, KERRY
Address	120 CHARLES STREET
City-State-Zip:	PITTSBURG PA 15238

*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: CURTIS OSCEOLA**

**PRESIDENT**

**01/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date