FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718781

1. Corporation Name
THE AMERICAN INDIAN ASSOCIATION OF FLORIDA, INC.

600001466106
-04/27/95--01021--014
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 43 WINTER PARK, FL 32790	IN AND AROUND ORLANDO, FL

3. Date Incorporated or Qualified: 7/2/1970
3a. Date of Last Report: 4/22/94

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 228 E. HARDING ST
Suite, Apt. #, etc.
27
City & State
28 ORLANDO FL
Zip
29 32806
Country
30 ORANGE

4. FEI Number: 23-7073243 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under Florida Statutes ☐ Yes ☑ No

☑ YES
501C3

9. Name and Address of Current Registered Agent

BRYAN COOK
1204 BROOK BRIDGE DR
ORLANDO, FL 32825

10. Name and Address of New Registered Agent

81 Name: GEORGE W. PAMP
82 Street Address (P.O. Box Number is Not Acceptable): 551 E. SEMORAN BLVD
83: #D-6
84 City: FERN PARK, FL 85 Zip Code: 32701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: George W. Pamp President — 3/24/95
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D.	11 TITLE	D.	☑ Change ☐ Addition
NAME	CLARA SPURLOCK	12 NAME	WARREN BURROWS	
STREET ADDRESS	2104 WOLF RD	13 STREET ADDRESS	476 TAMARACK ST	
CITY-ST-ZIP	ORLANDO, FL	14 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	V.	21 TITLE	V.	☑ Change ☐ Addition
NAME	COLLEY BILLIE	22 NAME	RENEE SPIERING	
STREET ADDRESS	665 YOUNGSTOWN PKWY 267	23 STREET ADDRESS	3130 AUTUMNWOOD TRAIL	
CITY-ST-ZIP	ALTAMONTE SPGS, FL	24 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	SECRETARY	31 TITLE	D.	☑ Change ☐ Addition
NAME	BETTY MITCHELL	32 NAME	MELODYE STEVERSON	
STREET ADDRESS	4868 S. CONWAY RD 109	33 STREET ADDRESS	25207 NORTHLAKE DR	
CITY-ST-ZIP	ORLANDO, FL	34 CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	TREASURER	41 TITLE	D.	☑ Change ☐ Addition
NAME	DONJI VANNOY	42 NAME	KAREN KELLY	
STREET ADDRESS	12509 IDAHO WOODS LANE	43 STREET ADDRESS	228 E. HARDING ST	
CITY-ST-ZIP	ORLANDO, FL	44 CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	P.	51 TITLE	P.	☑ Change ☐ Addition
NAME	BRYAN COOK	52 NAME	GEORGE W. PAMP	
STREET ADDRESS	1204 BROOKBRIDGE DR	53 STREET ADDRESS	551 E. SEMORAN BLVD #D-6	
CITY-ST-ZIP	ORLANDO, FL	54 CITY-ST-ZIP	FERN PARK, FL 32701	
TITLE	DIRECTOR	61 TITLE	D.	☑ Change ☐ Addition
NAME	WES WESTPHAL	62 NAME	IRENE EDWARDS	
STREET ADDRESS	406 ROME AVE NE	63 STREET ADDRESS	931 F WOODSIDE CIRCLE	
CITY-ST-ZIP	PALM BAY, FL	64 CITY-ST-ZIP	KISSIMMEE, FL 34744	

$PM 4/20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE: Karen Kelly KAREN KELLY, TREASURER 3/24/95 841-9421
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)