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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

718781

(8)

DOCUMENT #

1. Corporation Name THE AMERICAN INDIAN ASSOCIATION OF FLORIDA, INCO **RPORATED** 

Principal Place of Business Mailing Addr		Mailing Address		t 1880-il 1880 illa i dati inne illa secondo anno anno anno anno anno anno anno	
POST OFFICE BOX 260		POST OFFICE BOX 260	POST OFFICE BOX 260		
ORLANDO FL		ORLANDO FL 32790-0260			
US		US		3. Date Incorporated or Qualified 07/02/1970	3a. Date of Last Report 04/20/1995
- 51 / 15	10	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Pla	ace of Business	26. Walling Address		23-7073242	Not Applicable
Suite, Apt. 4	H ato	Suite, Apt. #, etc.		and the second	S8.75 Additional
22 Suite, Apr. 1	*, <del>0</del> 10.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25		30		Yes No
	9. Name and Address of Curro	ent Registered Agent		10. Name and Address of New F	registered Agent
			81 Name	VARGO, CHARLE	
WESTPHAL, WESLEY J II			82 Street Address (P.O. Box Number is Not Acceptable)		
	ME AVENUE, NE				
	Y FL 32907		83 1/-0	WEST BAY AV	FNUE
			84 City 1	WEST DAY	Rs Zip Code
			1 1 7 1	angwood	FL   35750
11. Pursuant 1	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	, the above-named co	rporation submits this statement for the pu	rpose of changing its registered office printment as registered agent. I am
or register familiar wi	red agent, or both, in the State of Fig th, and accent the obligations of, Se	orida, Sych change was authorized action 617,0503, Florida Statutes.	by the corporation's	board of directors. I hereby accept the app	Sintifficial de la constant de la co
	( Starles 1	lass		Charles Vargo	4-22-96
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title applicable. (NOTE	Registered Agent signature re	equired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12  Change
TITLE	VD	<b>₩</b> DELETE	1,1 TITLE	MCRAE, MELISTA	Change ☐ Addition
NAME	MCRAE, MICHELLE		1.2 NAME	111 FRANCES DRIVE	:
STREET ADDRESS	111 FRANCES DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3		1.4 CITY-ST-ZIP	ALTAHONTE SPRIN	Change Addition
TITLE	SD	DELETE	21 TITLE	SD	
NAME	PADGETT, CHRISTI		2.2 NAME	PADGETT, CHRIST.	T-017/2
STREET ADDRESS	1717 CEDARGLENN DRIVE		2.3 STREET ADDRESS	ITIT CEDARGLENN	DRIVE
CITY-ST-ZIP	APOPKA FL 32712		2. 4 CITY-ST-ZIP	APOPKA FI. 327	
TITLE	TD	DELETE	3.1 TITLE	$\mathbf{q}$	☐ Change ☐ Addition
NAME	SZUCH, PAULA		3.2 NAME	Marsha Henderson	ATE:
STREET ADDRESS	1493 ORANGE BLOSSOM	TRAIL	3.3 STREET ADDRESS	116 MERRIWOOD DRI	V C
CITY-ST-ZIP	KISSIMMEE FL 34743		3.4. CITY-ST-ZIP	KISSINNEE, FL. 3474	3 Pohoron Daddition
TITLE	D	<b>₩</b> 0ELETE	4.1 TITLE	RAINI VIHITEN JOICE	Change Addition
NAME	TINDALL, DAVID		4. 2 NAME	ANN WHITEWOLF	STREET
STREET ADDRESS	13067 KIRBY SMITH ROAD		4.3 STREET ADDRESS	1711 WEST ORANGE	O I NEAC !
CITY-ST-ZIP	ORLANDO FL 34743		4.4 CITY-ST-ZIP	KISSINNEE, FI. 347	Change Addition
TITLE	D	<b>₽</b> DELETE	51 TITLE	<b>D</b>	Malough T vocition
NAME	VARGO, CHARLES		5.2 NAME	PANDY FOSSUM	no F
STREET ADDRESS	169 W. BAY AVENUE		5.3 STREET ADDRESS	6231 GREENLEAF C	KCLE
CITY-ST-ZIP	LONGWOOD FL 32750		5.4 CITY-ST-ZIP	TANPA, FL. 33613	)
TITLE	PD	DELETE	6.1 TITLE	PD	Change
NAME	WESTPHAL, WESLEY J II		6.2 NAME	VARGO, CHARLES	
STREET ADDRESS			63 STREET ADDRESS	IG9 WEST BAY AVE	2.766
CITY-ST-ZIP	PALM BAY FL 32907-2387		6.4 CITY - ST - ZIP	LONGWOOD, FLORIDA	0 07/3/W Florida Statistics   further
14. I do here	by certify that the information supplied the information ladicated on this a	ed with this filing is voluntarily furni:	shed and does not qui all report is true and a	alify for the exemption stated in Section 11 courate and that my signature shall have the talk report as required by Chapter 617.	e same legal effect as if made under
				te this report as required by Chapter 617, i	Florida Statutes; and that my name
appears	in Block 12 or Block 18 if changed,	or on an attachment with an addit			
l .	/ / //	116	N . I . N . I	سال معال	4 / 00

4-22-96 407-699-607700 Charles Vargo

SIGNATURE:

CR2E037 (12/95)