

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718781** (8)

1. Corporation Name

THE AMERICAN INDIAN ASSOCIATION OF FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

POST OFFICE BOX 260
ORLANDO FL 32790-0260
US

POST OFFICE BOX 260
ORLANDO FL 32790-0260
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/02/1970** 3a. Date of Last Report **04/30/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-7073242	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VARGO, CHARLES
169 W BAY AVE
LONGWOOD FL 32750

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed 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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, MICHELLE	1.2 NAME	MCRAE, MELISSA
STREET ADDRESS	111 FRANCES DRIVE	1.3 STREET ADDRESS	111 FRANCES DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32714
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, MELISSA	2.2 NAME	STUKY, MICHELLE
STREET ADDRESS	1717 CEDARGLENN DRIVE	2.3 STREET ADDRESS	200 LAVENDAR COURT
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	ORLANDO, FL. 32807
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHA HENDERSON	3.2 NAME	VARGO, CHARLES
STREET ADDRESS	116 MERRIWOOD DR	3.3 STREET ADDRESS	169 W. BAY AVE.
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	LONGWOOD, FL. 32750
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN WHITEWOLF	4.2 NAME	CANTRILL, RENE
STREET ADDRESS	1711 WEST ORANGE ST	4.3 STREET ADDRESS	331 ALEMANDAR AVE
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	DEBARY, FL. 32713
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY FOSSUM	5.2 NAME	KISER, JANET
STREET ADDRESS	8231 GREENLEAF CIRCLE	5.3 STREET ADDRESS	503 FERNWOOD DRIVE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32714
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGO, CHARLES	6.2 NAME	WILLIAMS, BILL
STREET ADDRESS	169 W BAY AVE	6.3 STREET ADDRESS	315 NEBRASKA AVE
CITY-ST-ZIP	LONGWOOD FL	6.4 CITY-ST-ZIP	LONGWOOD, FL. 32750

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED

CR2E037 (4/97)