

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718781

FILED  
Jul 25, 2006  
Secretary of State

**Entity Name:** THE AMERICAN INDIAN ASSOCIATION OF FLORIDA, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 260  
WINTER PARK, FL 327900260 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 260  
WINTER PARK, FL 327900260 US

**New Mailing Address:**

**FEI Number:** 23-7073242      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GOBLE, DIANNE K  
1004 KIMBALL DRIVE  
OCOE, FL 34761 US

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

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

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: CANADIAN, CLAIRE  
Address: 6924 HOLLY ST  
City-St-Zip: ZELLWOOD, FL 32798

Title: D ( ) Delete  
Name: WOLFE, PEGGY  
Address: 153 CLYDE AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: P ( ) Delete  
Name: MCCANE, NANCY  
Address: 5246 DAVISSON AVE  
City-St-Zip: ORLANDO, 32 32810

Title: D ( ) Delete  
Name: SAVAGE, PEGGY  
Address: 350 E JACKSON ST #1109  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: CHRISTY, MARTHA  
Address: 855 BIG BUCK CIR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete  
Name: GOBLE, DIANNE K  
Address: 1004 KIMBALL DRIVE  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANNE K. GOBLE

TD

07/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date