

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
OCOEE, 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