


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90013 004 ****70.00

DOCUMENT # 718781 1. Entity Name THE AMERICAN INDIAN ASSOCIATION OF FLORIDA, INCORPORATED					
Principal Place of Business P.O. BOX 260 WINTER PARK, FL 32790-0260 US			Mailing Address P.O. BOX 260 WINTER PARK, FL 32790-0260 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7073242	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOBLE, DIANNE K 1004 KIMBALL DRIVE OCOE, FL 34761			7. Name and Address of New Registered Agent Name DAVID B. WOLFE Street Address (P.O. Box Number is Not Acceptable) 153 CLYDE AVENUE City LONGWOOD FL Zip Code 32750		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>David Wolfe</i></u> DATE <u>7/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD CANADIAN, CLAIRE 6924 HOLLY ST ZELLWOOD, FL 32798	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D WOLFE, PEGGY 153 CLYDE AVE LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P RIPPEY, ART 855 BIG BUCK CIR. WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SAVAGE, PEGGY 350 E JACKSON ST #1109 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MCCANE, NANCY 5246 DAVISSON AVE. ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete <div style="text-align: center; font-weight: bold;">DECEASED</div>			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD GOBLE, DIANNE K 1004 KIMBALL DRIVE OCOE, FL 34761	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D (REMOVED) MARTHA CHRISTY 855 BIG BUCK CIRCLE WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P (PRESIDENT) DIANE GOBLE 1004 KIMBALL DRIVE OCOE, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D Royce Adkins 1964 Galaxy Drive Lake Wales, FL 33854-5437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD (TREASURER) DAVID WOLFE 153 CLYDE AVENUE LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>David Wolfe</i></u> DATE <u>7/15/08</u> DAYTIME PHONE # <u>407-327-8207</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

