

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718781

FILED  
Jan 18, 2010  
Secretary of State

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

**Current Principal Place of Business:**

153 CLYDE AVE  
LONGWOOD, FL 32750 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 ( )**

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

WOLFE, DAVID B  
153 CLYDE AVENUE  
LONGWOOD, FL 32750 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  
Name: VOSHELL, RON  
Address: 40 TAYLOR STREET  
City-St-Zip: OCOEE, FL 32761 US

Title: D  
Name: CHRISTY, MARTHA  
Address: 855 BIG BUCK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP  
Name: GOBLE, DIANE E  
Address: 1004 KIMBALL DRIVE  
City-St-Zip: OCOEE, FL 34761 US

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

Title: P  
Name: ADKINS, ROYCE  
Address: 1964 GALAXY DR  
City-St-Zip: LAKE WALES, FL 33859 US

Title: TD  
Name: WOLFE, DAVID  
Address: 153 CLYDE AVENUE  
City-St-Zip: LONGWOOD, FL 32750 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID WOLFE

TD

01/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date