

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729280

FILED
Jan 04, 2007
Secretary of State

Entity Name: FLORIDA GOVERNOR'S COUNCIL ON INDIAN AFFAIRS, INC.

Current Principal Place of Business:

1341 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1341 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-1679736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUETONE, JOE A.
1341 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301 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: TD () Delete
Name: TRAVIS, ROBERT L
Address: 215 S. MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: CD () Delete
Name: CYPRESS, BILLY
Address: MICCOSUKEE TRIBAL HDQTRS
City-St-Zip: MIAMI, FL 33144

Title: CD () Delete
Name: CYPRESS, MITCHELL
Address: SEMINOLE TRIBAL HEADQUARTERS
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: NELSON, JASPER
Address: MICCOSUKEE TRIBAL HDQTRS
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: SMITH, JACK JR.
Address: ROUTE 6, BOX 673
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: BILLIE, COLLEY
Address: 500 SW 177TH AVE.
City-St-Zip: MIAMI, FL 33194

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: TRAVIS, ROBERT L
Address: 2851 MUIRWOOD CT.
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: CD (X) Change () Addition
Name: CYPRESS, MITCHELL
Address: 6300 STIRLING RD.
City-St-Zip: HOLLYWOOD, FL 33024

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

Title: D (X) Change () Addition
Name: SMITH, JACK JR.
Address: SEMINOLE BRIGHTON RESERVATION
City-St-Zip: OKEECHOBEE, FL 34974

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: JOE A. QUETONE

ED

01/04/2007

Electronic Signature of Signing Officer or Director

Date