

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729280

FILED  
Jan 11, 2008  
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 (X)**

**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:**

QUETONE, JOE A ED  
1341 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301 US

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: JOE A. QUETONE

01/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: CD ( ) Delete  
Name: CYPRESS, MITCHELL  
Address: 6300 STIRLING RD.  
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: SEMINOLE BRIGHTON RESERVATION  
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: ( ) 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 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

01/11/2008

Electronic Signature of Signing Officer or Director

Date