2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 729280

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 ED
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:	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 01/12/2009

Electronic Signature of Signing Officer or Director — Date