FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 9:22

DOCUMENT # 729418 (4)

1. Corporation Name

FLORIDA INDIAN HOBBYIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1006 BERMUDA AVE FT. PIERCE FL 34982	2888 LAKEMONT PL SW MARIETTA GA 30060 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1974	3a. Date of Last Report: 04/18/1994
4. FEI Number: 26-1153165	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 12716
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ft. Pierce, FL
Zip 24 / Country 25	Zip 29 34979 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MINER, DORIS W. 12595 E BOY SCOUT RD INVERNESS FL 34450	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HOLERGER, DENNY	12 NAME	Wiedman, Ken	
STREET ADDRESS	8100 HIDDEN PINES RD	13 STREET ADDRESS	7671 Simms St	
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MINER, DORIS	22 NAME		
STREET ADDRESS	12595 E. BOY SCOUT RD.	23 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34450	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	GUTSHALL, DAVID	32 NAME	Mick, Andy	
STREET ADDRESS	2888 LAKEMONT PL SW	33 STREET ADDRESS	4118 SW Rardin	
CITY-ST-ZIP	MARIETTA GA	34 CITY-ST-ZIP	Pt. St. Lucie, FL 34953	
TITLE	VD	41 TITLE	VD	☐ Change ☐ Addition
NAME	SWANSON, ED	42 NAME	Mick, Nancy	
STREET ADDRESS	471 GASPARILLA	43 STREET ADDRESS	4118 SW Rardin	
CITY-ST-ZIP	PT ST LUCIE FL	44 CITY-ST-ZIP	Pt. St. Lucie, FL 34953	
TITLE	STD	51 TITLE	STD	☒ Change ☐ Addition
NAME	GUTSHALL, HELEN	52 NAME	Bell, Brenda	
STREET ADDRESS	2888 LAKEMONT PL SW	53 STREET ADDRESS	P.O. Box 12716	
CITY-ST-ZIP	MARIETTA GA	54 CITY-ST-ZIP	Ft. Pierce, FL 34979	N/A
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	STEINBERG, RICHARD	62 NAME	Gutshall, Dave	
STREET ADDRESS	572 NW FLORESTA DR	63 STREET ADDRESS	2888 Lakemont Pl SW	
CITY-ST-ZIP	PT ST LUCIE FL	64 CITY-ST-ZIP	Marietta, GA 30060	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dave Gutshall Dave Gutshall 4/27/95 404-431-8573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073772