2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# 729418

Entity Name: FLORIDA INDIAN HOBBYIST ASSOCIATION, INC.

Current Principal Place of Business:

814 S FEDERAL HIGHWAY
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

2943 ADMIRAL STREET
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 26-1153165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WITMER, JAMES
814 S FED HWY
LAKE WORTH, FL 33460 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: VP
Name: MENKE, TRAVIS
Address: 1950 BENEDICTINE STREET
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP
Name: RUSSAKIS, BECKY
Address: 8801 INDRIO RD
City-St-Zip: FT PIERCE, FL 34951

Title: P
Name: WITMER, JAMES
Address: 814 S FED HWY
City-St-Zip: LAKE WORTH, FL 33460

Title: ST
Name: LYONS, HELEN
Address: 2943 ADMIRAL STREET
City-St-Zip: FORT PIERCE, FL 34982 US

Title: VP
Name: POTTERFF, TENA
Address: 172 SE VILLAGE DR
City-St-Zip: PSL, FL 34952 US

Title: VP
Name: GAGNE, STEVE
Address: 13700 FOLKSTONE CIR
City-St-Zip: WELLINGTON, FL 33414 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: HELEN LYONS ST 01/05/2011

Electronic Signature of Signing Officer or Director Date