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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000003957 (6)**

1. Corporation Name
INTER-TRIBAL COUNCIL OF AT&T EMPLOYEES, INC.

Principal Place of Business	Mailing Address
ATTN: ALMA KEITH 6021 S. RIO GRANDE AVE. RM 1W4-426 ORLANDO FL 32809	ATTN: ALMA KEITH 6021 S. RIO GRANDE AVE. RM 1W4-426 ORLANDO FL 32809-4613

3. Date Incorporated or Qualified: 08/16/1995
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business	2a. Mailing Address
21 ATTN: ANN O'NEAL	26 ATTN: ANN O'NEAL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 6021 S. RIO GRANDE AVE., RM 1E2-198	27 6021 S. RIO GRANDE AVE, RM 1E2-198
City & State	City & State
23 ORLANDO, FL 32809	28 ORLANDO, FL 32809
Zip / Country	Zip / Country
24 / 25	29 / 30

4. FEI Number: 58-2152314 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'NEAL ANN 6021 S. RIO GRANDE AVE. RM 1E2-198 ORLAND FL 32809	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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'NEAL, ANN 6021 S. RIO GRANDE AVE., RM 1E2-198 ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHANDLER, PATRICIA RM 35C52, 2301 MAITLAND CENTERL PKWY. MAITLAND FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VOGEL, LORRAINE 9333S. JOHN YOUNG PKWY. ORLANDO FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER Linda Berlepsch 3210 Lk. Emma Rd., Rm 4D362 Lake Mary, FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PETERSON, LISA RM 1E6-234, 6021 S. RIO GRANDE AVE. ORLANDO FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Phone) _____