

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 15 1998 8:00am  
Secretary of State

DOCUMENT # F95000003957 (6)

1. Corporation Name

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



Principal Place of Business

Mailing Address

ATTN: ANN O'NEAL  
6021 S. RIO GRANDE AVE., RM 1E2-198  
ORLANDO FL 32809  
US

ATTN: ANN O'NEAL  
6021 S. RIO GRANDE AVE., RM 1E2-198  
ORLANDO FL 32809  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

O'NEAL ANN  
6021 S. RIO GRANDE AVE.  
RM 1E2-198  
ORLAND FL 32809

10. Name and Address of New Registered Agent

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

Signature: Typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME O'NEAL, ANN  
STREET ADDRESS 6021 S. RIO GRANDE AVE., RM 1E2-198  
CITY-ST-ZIP ORLANDO FL

TITLE S ☒ DELETE  
NAME CHANDLER, PATRICIA  
STREET ADDRESS RM 35C52, 2301 MAITLAND CENTERL PKWY.  
CITY-ST-ZIP MAITLAND FL

TITLE T ☐ DELETE  
NAME BERLEPSCH, LINDA  
STREET ADDRESS 3210 LK EMMA RD., RM 4D362  
CITY-ST-ZIP LAKE MARY FL

TITLE VP ☒ DELETE  
NAME PETERSON, LISA  
STREET ADDRESS RM 1E6-234, 6021 S. RIO GRANDE AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE  
NAME WICKENHEISER, CHRIS  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE VP ☐ Change ☒ Addition  
42 NAME WICKENHEISER, CHRIS  
43 STREET ADDRESS 851 TRAFALGAR CT  
44 CITY-ST-ZIP MAITLAND, FL 32

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)