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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:38

DOCUMENT # N02982 (9)

1. Corporation Name

THE PAN-AMERICAN INDIAN ASSOCIATION & ADOPTED TR IBAL PEOPLES, INC.

Principal Place of Business	Mailing Address
1600 SE 17TH PLACE ARCADIA FL 33821 US	P. O. BOX 244 NOCATEE FL 33864 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1984
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2499446 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 2596 SE Durrance St	2a. Mailing Address 26:
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Arcadia	City & State 28:
Zip 24: FL / Country 25: DeSoto	Zip 29: / Country 30:

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TURNBULL, DAVID J. (CHIEF PIERCING EYES) 1600 S.E. 17TH PL. ARCADIA FL 33821	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: David J Turnbull — 21 January 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☑ Change ☐ Addition
NAME	TURNBULL, DAVID J.	1.2 NAME		
STREET ADDRESS	1620 SE 17 PLACE	1.3 STREET ADDRESS	2596 SE DURRANCE ST	
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	TURNBULL, FRANCES	2.2 NAME		
STREET ADDRESS	1620 SE 17 PLACE	2.3 STREET ADDRESS	2596 SE DURRANCE ST	
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, SIDNEY	3.2 NAME		
STREET ADDRESS	DUNCAN RD NO. 4725	3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, MURIEL	4.2 NAME		
STREET ADDRESS	DUNCAN RD NO. 4725	4.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KING, JAMES	5.2 NAME		
STREET ADDRESS	1539 NE NOBLES AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David J Turnbull DAVID J TURNBULL 1/21/95 813 4946930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038003