

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005354

FILED
Apr 18, 2008
Secretary of State

Entity Name: FIRST NATIONS INTERTRIBAL ASSOCIATION, INC.

Current Principal Place of Business:

615 EAST DITMAR STREET
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

615 EAST DITMAR STREET
PENSACOLA, FL 32503

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODGE, GEORGE B SR
615 EAST DITMAR STREET
PENSACOLA, FL 32503 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: PD () Delete
Name: DODGE, GEORGE B SR
Address: 615 EAST DITMAR STREET
City-St-Zip: PENSACOLA, FL 32503

Title: VD () Delete
Name: MALICOAT, DAVID
Address: 6483 BERRYHILL ROAD
City-St-Zip: MILTON, FL 32570

Title: TR () Delete
Name: HARMON, JAMES A
Address: 3610 CHERRY LAUREL DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: HAMILTON, LACEY J
Address: 116 SOUTH 2ND STREET
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: DETIENNE, MARLENE
Address: 1280 MAHOGANY MILL ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: MCCARTAN, MICHAEL
Address: 1221 E. MORINO STREET
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEORGE B. DODGE, SR.

PD

04/18/2008

Electronic Signature of Signing Officer or Director

Date