FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



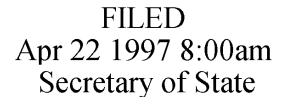
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

FLORIDA NATIONAL CHEROKEE FEDERATION, INC.





Principal Place of Business Mailing Address							Tinti Biëtt iadt
1604 KATHLEEN ROAD LAKELAND FL 33805 CHIEF JACK SANFORD PO BOX 322 SEFFNER FL 33583-0322							
					3. Date incorporated or Qualified 03/15/1985	3a. Date of Last 6 03/19/18	
2. Principal Place of Business 28. Mailing Address					4. FEI Number	EQ 0070EQE	
21		26	***************************************		58-0072505		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr	y PMA	8. This corporation has liability for	intangible tax under	s. 199.032,
24	25	29	30	a with six		Yes No	
	9. Name and Address of Curre	nt Registered Agent	81	Tal	10. Name and Address of New Ro	igistered Agent	
			101	Name			
GRIFFIN, JOHN 906 SANTA CRUZ ROAD			0.7	Street Addre	reet Address (P.O. Box Number is Not Acceptable)		
COCOA BEACH FL 32931			C S				
			W A	City		65 Zip	Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508 Florida Stat	ules, the abov	re-named corpo	oration submits this statement for the	purpose of changing	its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change wa	s authorized b	y the corporation	on's board of directors. I hereby acce	pt the appointment as	s registered
SIGNATURE .			OT B			DATE	
12.	Signature, typed or printed name of registered agent and title if applicable (FORS AND DIRECTORS			gistered Agent signature required when reinstaing) OATE 13. ADDITIONS/CHANGES TO OFFICERS AND D			RS IN 12
TITLE	PD	DELETE	1.1 TITLE	 		Change	Addition
NAME	GRIFFIN, JOHN	_	1.2 NAME				
STREET ADDRESS	906 SANTA CRUZ RD.		1.3 STREE	T ADDRESS			
CITY - ST - ZIP	COCOA BEACH FL 32931		1.4 CITY-				
TITLE	VD	DELETE	2.1 TITLE			☐ Change	Addition
NAME	SANFORD, JACK		2.2 NAME				
STREET ADDRESS	PO BOX 322, N/A		2.3 STREE	T ADDRESS			
CITY - ST - ZIP	SEFFNER FL 33584		2. 4 CITY	·ST-ZIP			
TITLE	ST	☐ DELETE	3.1 TITLE		:	Change	☐ Addition
NAME	GRIFFIN, MARILYN		3.2 NAME				
STREET ADDRESS	1604 KATHLEEN RD		3.3 STREE	T ADDRESS	1		
CITY-ST-ZIP	LAKELAND FL 33805		3.4. CITY-	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	Stevens, Sheldon		4. 2 NAM	:	\ \\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	•	
STREET ADDRESS	775 E. MERRITT ISLAND CS	WY.	4.3 STREE	T ADDRESS	* JV		
CHTY-ST-ZIP	MERRITT ISLAND FL 32952		4.4 CITY-	ST-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	5.1 TITLE		70000213	o 1 to 11 (hange	Addition
NAME			5.2 NAME		-04/23/97010	ロエーハロエ	
STREET ADDRESS			5.3 STREE	T ADORESS	***61.25		
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-	ST-ZIP	DUL DE	51816	
TITLE		☐ DELETE	6.1 TITLE		04/-1101-01	Change	Addition Addition
NAME			6.2 NAME		777	- 000	
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				· ···
14. I do herei	by certify that the information supplied	ed with this filing does not qu	alify for the ex	emption stated	in Section 119.07(3)(i), Florida Statute	es. I further certify the	it 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: