

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08192** (9)  
1. Corporation Name

**FLORIDA NATIONAL CHEROKEE FEDERATION, INC.**



Principal Place of Business <b>1604 KATHLEEN ROAD LAKELAND FL 33805</b>	Mailing Address <b>CHIEF JACK SANFORD PO BOX 322 SEFFNER FL 33584</b>
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3. Date Incorporated or Qualified  
**03/15/1985**

4. FEI Number  
**58-0072505**

Applied For  
Not Applicable

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
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, JOHN  
908 SANTA CRUZ ROAD  
COCOA BEACH FL 32931**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, JOHN</b>	
STREET ADDRESS	<b>908 SANTA CRUZ RD.</b>	
CITY - ST - ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SANFORD, JACK</b>	
STREET ADDRESS	<b>PO BOX 322, N/A</b>	
CITY - ST - ZIP	<b>SEFFNER FL 33584</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, MARILYN</b>	
STREET ADDRESS	<b>1604 KATHLEEN RD</b>	
CITY - ST - ZIP	<b>LAKELAND FL 33805</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>STEVENS, SHELDON</b>	
STREET ADDRESS	<b>775 E. MERRITT ISLAND CSWY.</b>	
CITY - ST - ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 - 26 - 98

467-452-4145

CR2E037 (10/97)