

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08192

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** FLORIDA NATIONAL CHEROKEE FEDERATION, INC.

**Current Principal Place of Business:**

1604 KATHLEEN ROAD  
LAKELAND, FL 33805

**New Principal Place of Business:**

208 S.E. EARL BLVD.  
BRANFORD, FL 32008

**Current Mailing Address:**

CHIEF JACK SANFORD  
PO BOX 322  
SEFFNER, FL 33584

**New Mailing Address:**

CHIEF JACK SANFORD  
208 S.E. EARL BLVD.  
BRANFORD, FL 32008

**FEI Number:** 58-0072505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIFFIN, JOHN  
906 SANTA CRUZ ROAD  
COCOA BEACH, FL 32931 US

**Name and Address of New Registered Agent:**

GRIFFIN, JOHN L  
906 SANTA CRUZ ROAD  
COCOA BEACH, FL 32931 US

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: JOHN GRIFFIN

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRIFFIN, JOHN  
Address: 906 SANTA CRUZ RD.  
City-St-Zip: COCOA BEACH, FL 32931

Title: STVD ( ) Delete  
Name: SANFORD, JACK  
Address: PO BOX 322, N/A  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: GRIFFIN, JONNA  
Address: 625 FERN DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: GRIFFIN, JONNA  
Address: P.O. DRAWER 321370  
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Change (X) Addition  
Name: SANFORD, MACKIE L  
Address: P.O. BOX 252  
City-St-Zip: INGLIS, FL 34449

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: JOHN GRIFFIN

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date