

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004347

**FILED**  
**Jul 30, 2010**  
**Secretary of State**

**Entity Name:** BLACK INDIAN TRIBE OF FLORIDA INC.

**Current Principal Place of Business:**

10144 WHISPER POINTE DRIVE  
TAMPA, FL 33647

**New Principal Place of Business:**

FILING CANCELLED  
RETURNED CHECK

**Current Mailing Address:**

10144 WHISPER POINTE DRIVE  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 27-2690406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUARTERMAN NOAH, BELINDA GAIL  
9608 ROCKGLEN DRIVE  
THONOTOSASSA, FL 33592 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:** P  
**Name:** QUARTERMAN NOAH, BELINDA GAIL  
**Address:** 10144 WHISPER POINTE DRIVE  
**City-St-Zip:** TAMPA, FL 33647

**Title:** S  
**Name:** NOAH, AL  
**Address:** 10144 WHISPER POINTE DRIVE  
**City-St-Zip:** TAMPA, FL 33647

**Title:** T  
**Name:** NOAH, RAY  
**Address:** 10144 WHISPER POINTE DRIVE  
**City-St-Zip:** TAMPA, FL 33647

I hereby 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 all other like empowered.

**SIGNATURE:** BELINDA GAIL QUARTERMAN NOAH

P

07/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date