

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16508 (6)

1. Corporation Name

FRIENDS OF THE AMERICAN INDIAN PEOPLE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 7042
VERO BEACH FL 32961
US

P.O. BOX 7042
VERO BEACH FL 32961
US

3. Date Incorporated or Qualified

08/25/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 P.O. Box 7042

Suite, Apt. #, etc.

22

City & State

23 Vero Beach FL

Zip

24 32961

Country

25 Indian River

2a. Mailing Address

26 P.O. Box 7042

Suite, Apt. #, etc.

27

City & State

28 Vero Beach FL

Zip

29 32961

Country

30 Indian River

4. FEI Number

59-2736200

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOOTH, TED
1220 5TH STREET
VERO BEACH FL 32962**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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** ☐ DELETE
NAME **WILLIAMS, CHRISTA**
STREET ADDRESS **166 22ND AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **VD** ☐ DELETE
NAME **BOOTH, HELEN**
STREET ADDRESS **166 22ND AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **SD** ☐ DELETE
NAME **POLVERARI, LOUISE**
STREET ADDRESS **166 22ND AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **TD** ☐ DELETE
NAME **THOMPSON, FAYE**
STREET ADDRESS **166 22ND AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-96 561-569-3700

Date

Daytime Phone #

CR2E037 (12/95)