

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

**DOCUMENT # N34848 (4)**

1. Corporation Name

**FLORIDA INDIAN CULTURAL ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

590 SW 132ND TERRACE  
C/O JOSEPH BRAUN  
DAVIE FL 33325

590 SW 132ND TERRACE  
C/O JOSEPH BRAUN  
DAVIE FL 33325-3223

3. Date Incorporated or Qualified  
**10/24/1989**

3a. Date of Last Report  
**07/15/1996**

2. Principal Place of Business *JOANN*  
**21 428 S.W. VOLTAIRE TER**

2a. Mailing Address *C/O JOANN HAMILTON*  
**26 428 SW VOLTAIRE TER.**

4. FEI Number  
**65-0167532**

Applied For  
☒ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 City & State  
**PORT ST. LUCIE FL**

28 City & State  
**PORT ST. LUCIE FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip  
**34984**

29 Zip  
**34984**

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

**BRAUN, JOSEPH FRANK**  
**590 SW 132 TERR.**  
**DAVIE FL 33325**

81 Name **JOANN HAMILTON STD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**428 SW VOLTAIRE TER**  
83  
84 City **PORT ST. LUCIE FL** 85 Zip Code **34984**

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 *JOANN HAMILTON STD* *Jo Ann Hamilton* **5-9-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRAUN, JOSEPH FRANK	
STREET ADDRESS	590 S.W. 132ND TERR.	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAMILTON, NORMAN	
STREET ADDRESS	428 SW VOLTAIRE TER	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HAMILTON, JOANN	
STREET ADDRESS	428 SW VOLTAIRE TER	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NORMAN HAMILTON	
1.3 STREET ADDRESS	428 SW VOLTAIRE TER.	
1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34984	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL DIRGA	
2.3 STREET ADDRESS	209 SW CHANDLER TER	
2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34984	
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 do 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: *Jo Ann Hamilton* **JOANN HAMILTON** **5/9/97** **(561) 871-6858**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037280

CR2E037 (9/96)