

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000366 (5)**

1. Corporation Name

THE NATIVE AMERICAN FEDERATION INC.



Principal Place of Business 3434 E. 7TH STREET PANAMA CITY FL 32401	Mailing Address 3434 E. 7TH STREET PANAMA CITY FL 32401-5269
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3. Date Incorporated or Qualified 01/27/1993	3a. Date of Last Report 06/20/1996
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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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4. FEI Number 59-3165940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCORMICK, JAMES C 3434 E. 7TH STREET PANAMA CITY FL 32401	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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: *James C. McCormick* *James C. McCormick* *April 21 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	
TITLE	<input type="checkbox"/> DELETE
NAME	D PEEL, HILDRIE
STREET ADDRESS	1515 SHERMAN AVENUE
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	<input type="checkbox"/> DELETE
NAME	D PEEL, JACOBY
STREET ADDRESS	1511 SHERMAN AVENUE
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	<input type="checkbox"/> DELETE
NAME	D MCCORMICK, JAMES C
STREET ADDRESS	3434 E. 7TH STREET
CITY-ST-ZIP	PANAMA CITY FL 32401
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CEO
1.3 STREET ADDRESS	JAMES C. MCCORMICK
1.4 CITY-ST-ZIP	3434 E 7TH ST PANAMA CITY, FL 32401
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D JACOBY PEEL
2.3 STREET ADDRESS	1511 SHERMAN AVE
2.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D HILDRIE PEEL
3.3 STREET ADDRESS	1515 SHERMAN AVE
3.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D JAMES C. MCCORMICK
4.3 STREET ADDRESS	3434 E 7TH ST
4.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
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: *James C. McCormick* *April 21 97* *904-763-1924*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0009451

CR2E037 (9/96)