

# 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 # N93000001623 (8)**

1. Corporation Name

**THE SONNY BILLIE FOUNDATION FOR NATIVE CULTURE S  
TUDIES, INC.**

Principal Place of Business

**STATE ROAD BOX WEST 8000  
OCHOPEE FL 33943**

Mailing Address

**STATE ROAD BOX WEST 8000  
OCHOPEE FL 33943**



3. Date Incorporated or Qualified  
**04/12/1993**

3a. Date of Last Report  
**02/14/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SILVER, THEODORE J  
9445 BIRD ROAD, 2ND FLOOR  
MIAMI FL 33165**

10. Name and Address of New Registered Agent

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**DCP  
BILLE, SONNY  
STATE RD. BOX EAST 1400  
OCHOPEE FL 33943**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DV  
ROCKWELL, JEROME  
STATE RD. BOX WEST 8000  
OCHOPEE FL 33943**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DST  
FRANCESCHINI, PATRICIA  
6430 N.E. 21 RD.  
FT LAUDERDALE FL 33308**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DS  
TIGER, KAY  
STATE RD. BOX WEST 8000  
OCHOPEE FL 33943**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

**SONNY BILLIE, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sonny Billie*

**6-27-96**

Date

Daytime Phone #

CR2E037 (12/95)