

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

Mailing Address

HC 61, BOX 18A
CLEWISTON FL 33440

HC 61, BOX 18A
CLEWISTON FL 33440



3. Date Incorporated or Qualified

04/12/1993

4. FEI Number

65-0403866

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **SILVER, THEODORE J**

82 Street Address (P.O. Box Number is Not Acceptable)
11030 N KENDALL, SUITE 200

83

84 City **MIAMI,**

FL

85 Zip Code
33165

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DCP**
STREET ADDRESS **BILLE, SONNY**
CITY-ST-ZIP **STATE RD. BOX EAST 1400
OCHOPEE FL 33943**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **ROCKWELL, JEROME**
CITY-ST-ZIP **STATE RD. BOX WEST 8000
OCHOPEE FL 33943**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **FRANCESCHINI, PATRICIA**
CITY-ST-ZIP **6430 N.E. 21 RD.
FT LAUDERDALE FL 33308**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **TIGER, KAY**
CITY-ST-ZIP **STATE RD. BOX WEST 8000
OCHOPEE FL 33943**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: *[Signature]* **REQUIRED SONNY BILLIE 3-7-98 (941) 983-0886**

CR2E037 (10/97)