

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N93000003656**

1. Corporation Name

**MICCOSUKEE AREA RURAL ALLIANCE, INC.**

Principal Place of Business

PO BOX 91075  
MICCOSUKEE FL 32309

Mailing Address

PO BOX 91075  
MICCOSUKEE FL 32309



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/13/1993

4. FEI Number

59-3222554

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

9. Name and Address of Current Registered Agent

TALTON, H D  
ONE DOGWOOD ST  
MONTICELLO FL 32344

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 P  
NAME HARRIN, JACK  
STREET ADDRESS 15210 MAHAN DR.  
CITY-ST-ZIP TALL FL

☐ DELETE

TITLE D  
NAME WESTAWAY, JO A  
STREET ADDRESS RT 7 BOX 1081  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE D  
NAME MACKINNON, RAMONA  
STREET ADDRESS RT 7 BOX 948  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE D  
NAME MILLER, MICHAEL  
STREET ADDRESS RT 7 BOX 1070  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE D  
NAME ORTIZ, PHIL  
STREET ADDRESS BOX 16068 SUNRAY RD  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE D  
NAME VANDYKE, SHERRY  
STREET ADDRESS RT 7 BOX 1069  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ 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

TREAS  
JOHNSON, JZAN H.  
RT 7 BOX 905  
TALL FL 32308

☐ 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

893-2175

Date

Daytime Phone #

CR2E037 (11/98)