FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N93000004721 (7)**

1. Corporation Name

THE AMERICAN INDIAN RELIANCE ORGANIZATION, INC.

Principal Place of Business	Mailing Address
809 GROVE ST. NORTH ST PETERSBURG FL 33701	P.O. BOX 16694 ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3230712 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 925 28 th St. N	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, FL	City & State 28
Zip / Country 24 33713 / 25 Pinellas	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MIDGETT, AMY
809 GROVE ST. NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Mr. Reid Henderson
82 Street Address (P.O. Box Number is Not Acceptable): 925 28th St. N
83
84 City: St. Petersburg FL 85 Zip Code: 33713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Reid Henderson Reid Henderson, Managing Director April 25, 1995
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	M	1.1 TITLE	M.	☒ Change ☐ Addition
NAME	MIDGETT, AMY	1.2 NAME	Reid Henderson	
STREET ADDRESS	809 GROVE ST N	1.3 STREET ADDRESS	925 28th St. N.	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HENDERSON, REID	2.2 NAME	Linda Chestnut	
STREET ADDRESS	925 28 ST N	2.3 STREET ADDRESS	127 18th Ave NE	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	IRIZARRY, MARIA	3.2 NAME	Maria Irizarry	
STREET ADDRESS	809 1/2 GROVE ST N	3.3 STREET ADDRESS	6551 40th Ave. N, Apt 1	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	DT	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	CHESTNUT, LINDA	4.2 NAME	Pamela Blackwood	
STREET ADDRESS	127 13 AVE NE	4.3 STREET ADDRESS	6472 Bonnie Bay Cir. N	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 34665	
TITLE		5.1 TITLE	S	☐ Change ☒ Addition
NAME		5.2 NAME	Maria Henderson	
STREET ADDRESS		5.3 STREET ADDRESS	925 28th St. N.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	4/5/18	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Reid Henderson Reid Henderson April 25, 1995 (813) 323-0120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066878