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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000005261 (3)

1. Corporation Name

NATIVE AMERICAN OUTREACH INC.



Principal Place of Business

C/O VICKI S. WELCH  
7502 LEON AVE.  
TEMPLE TERRACE FL 33637

Mailing Address

C/O VICKI S. WELCH  
7502 LEON AVE.  
TEMPLE TERRACE FL 33637

3. Date Incorporated or Qualified  
11/15/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 26 3906 EDENROC CIR W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 TAMPA

City & State

City & State

23

28 FL

Zip

Country

Zip

Country

24

25

29 33634

30

FLKS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELCH, VICKI S  
7502 LEON AVE.  
TEMPLE TERRACE FL 33637

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 PD ☐ DELETE

NAME WELCH, VICKI  
STREET ADDRESS 7502 LEON AVE  
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE VD ☐ DELETE

NAME EFOLOCH, EUGENE  
STREET ADDRESS 3906 EDENROC CIR W  
CITY-ST-ZIP TAMPA FL 20

TITLE STD ☐ DELETE

NAME LEFLOCH, JANET  
STREET ADDRESS 3906 EDENROC CIR W  
CITY-ST-ZIP TAMPA FL 20

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

Date

(813) 884 9120

Daytime Phone #

CR2E037 (12/95)