

# 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 # N94000001684 (9)**

1. Corporation Name

**FIRST NATIONS RESOURCE NETWORK, INC.**



Principal Place of Business

Mailing Address

**33 4TH ST N  
SUITE 202-C  
ST PETERSBURG FL**

**P O BOX 59  
SUITE 202-C  
ST PETERSBURG FL 33731  
US**

3. Date Incorporated or Qualified

**04/05/1994**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 P O Box 59**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

City & State

City & State

**23 ST. Petersburg, FL.**

**27**

Zip

Country

Zip

Country

**24 33731**

**25 US**

**29**

**30**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOMASZEWSKI, LOIS A  
33 4TH ST N  
SUITE 202-C  
ST PETERSBURG FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**330-19 Avenue South**

83

84 City

**ST. Petersburg**

**FL**

85 Zip Code

**33705**

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

**Lois A. Tomaszewski (Vice Pres./Sec./Treas.)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5-22-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GOYETTE, DAVID	
STREET ADDRESS	330 19TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TOMASZEWSKI, LOIS	
STREET ADDRESS	% 33 4TH ST N SUITE 202-C	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	TOMASZEWSKI, LOIS A	
STREET ADDRESS	330 19TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, SHERRY	
STREET ADDRESS	1825 S 5TH ST 12	
CITY-ST-ZIP	MINNEAPOLIS MN 55454	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME	Gabrielle Taya		
13 STREET ADDRESS	210 Philadelphia Ave		
14 CITY-ST-ZIP	Takoma Park, MD 20912		
21 TITLE	Rebecca Sprongton	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	116 Taunton Rd		
23 STREET ADDRESS	Newtown, CT 06470		
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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:

**Lois A. Tomaszewski**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-22-96**

DATE

**813-821-6604**

Daytime Phone #

CR2E037 (12/95)