

**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 **Po Box 59**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State  
**ST. Petersburg, FL.**

27

City & State

23  
Zip  
**33731**

Country  
**US**

29

Zip

Country

30

4. FEI Number  
**59-3233131**

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

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.)** *Lois A. Tomaszewski* DATE **5-22-96**

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 **DP**  DELETE  
NAME **GOYETTE, DAVID**  
STREET ADDRESS **330 19TH AVE S**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

11 TITLE **D**  Change  Addition  
12 NAME **Gabrielle Tayaac**  
13 STREET ADDRESS **210 Philadelphia Ave**  
14 CITY-ST-ZIP **Takoma Park, MD 20912**

TITLE **V**  DELETE  
NAME **TOMASZEWSKI, LOIS**  
STREET ADDRESS **% 33 4TH ST N SUITE 202-C**  
CITY-ST-ZIP **ST PETERSBURG FL**

21 TITLE **Rebecca Sproughton**  Change  Addition  
22 NAME **116 Taunton Rd**  
23 STREET ADDRESS **Newtown, CT 06470**  
24 CITY-ST-ZIP

TITLE **DST**  DELETE  
NAME **TOMASZEWSKI, LOIS A**  
STREET ADDRESS **330 19TH AVE S**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **WILSON, SHERRY**  
STREET ADDRESS **1825 S 5TH ST 12**  
CITY-ST-ZIP **MINNEAPOLIS MN 55454**

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  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* **Lois A. Tomaszewski** DATE **5-22-96** PHONE **813-821-6604**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)