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1997 OCT 27 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002827 (3)**

1. Corporation Name

NATIVE AMERICAN CULTURAL FOUNDATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~6445 N.E. 7TH AVENUE
MIAMI FL 33138~~

~~6445 N.E. 7TH AVENUE
MIAMI FL 33138-6220~~

3. Date Incorporated or Qualified
06/07/1994

3a. Date of Last Report
08/08/1996

2. Principal Place of Business
21 **625 NE 83 Lane**

2a. Mailing Address
26 **625 NE 83 Lane**

4. FEI Number
65-0502294

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State
Miami FL

27 City & State
Miami, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip **33138** Country **USA**

28 Zip **33138** Country **USA**

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

**WARREN, ALLYSON
625 N.E. 83RD LANE
MIAMI FL 33138**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **DP CURTISS, DON**
STREET ADDRESS **1200 WEST AVE APT 525**
CITY-ST-ZIP **MIAMI BEACH FL 33024**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Allyson M. Warren**
1.3 STREET ADDRESS **625 NE 83 Lane**
1.4 CITY-ST-ZIP **Miami FL 33138**

TITLE ☐ DELETE
NAME **XPD CARLTON, ANN**
STREET ADDRESS **743 N.E. 80TH ST**
CITY-ST-ZIP **MIAMI FL 33138**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Shawna Robbins**
2.3 STREET ADDRESS **Box 47**
2.4 CITY-ST-ZIP **Cameron AZ 86020**

TITLE ☒ DELETE
NAME **D YOUNG, CLIFFORD**
STREET ADDRESS **2101 BRICKELL AVE #208**
CITY-ST-ZIP **MIAMI FL 33131**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **7000002333177--3**

TITLE ☒ DELETE
NAME **T MARKS, PAM**
STREET ADDRESS **177 N.E. 44TH ST**
CITY-ST-ZIP **MIAMI FL 33137**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **-10/29/97-0016-009 *****61.25 *****61.25**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 *[Signature]* 305-753-
CR2E037 (9/96)