

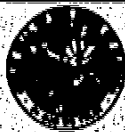
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
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95 MAY -1 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000004390 (0)

1. Corporation Name

THE OCALI NATIONS INTERTRIBAL INC.

Principal Place of Business

Mailing Address

RT. 6, BOX 387-A
SILVER SPRINGS FL 34488

P.O. BOX 2316
SILVER SPRINGS FL 34489

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/02/1994

3a. Date of Last Report
N/A

4. FBI Number

APPLIED FOR (SS-4)

Applied For
Not Applicable

5. Certificate of Status Desired

\$0.75 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

APPLIED FOR \$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 2255 N.E. 115th AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 (PINEY PATH)

27

City & State

City & State

23 Silver Springs FL

28

Zip

Country

Zip

Country

24 34488

25 FLORIDA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOLL, SELMA P REV.
11701 S.E. 1ST STREET ROAD
SILVER SPRINGS FL 34488

SAME
INDIVIDUAL
DIVORCE - NAME CHANGE
PLUS NEW PHYSICAL
ADDRESS

81 Name

REV. Selma Palmer

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

2255 N.E. 115th AVE

83 (PINEY PATH)

84 City Silver Springs

FL

85 Zip Code 34488

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

REV. Selma Palmer

(REV. SELMA PALMER)

04-17-95

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME D
STREET ADDRESS RT 1 BOX 393-B
CITY-ST-ZIP Interlachen FL 32148

TITLE P/C
NAME D
STREET ADDRESS 2255 N.E. 115th AVE
CITY-ST-ZIP Silver Springs FL 34488

TITLE V
NAME D
STREET ADDRESS 12011 GARRISON ROAD
CITY-ST-ZIP Little Rock, ARK 72211

TITLE H/S
NAME D
STREET ADDRESS 111 28th ST. N
CITY-ST-ZIP Bradenton, FL 34205

TITLE T
NAME D
STREET ADDRESS 3204 S.E. 35th ST
CITY-ST-ZIP Ocala, FL 34471

TITLE S
NAME D
STREET ADDRESS 1310 S.E. 37th AVE
CITY-ST-ZIP Ocala, FL 34471

13. (ADDITIONS) CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME D
1.3 STREET ADDRESS 4160 SE 150th ST
1.4 CITY-ST-ZIP Summerville 34491

2.1 TITLE D
2.2 NAME D
2.3 STREET ADDRESS 1004 84th ST. N.W.
2.4 CITY-ST-ZIP Bradenton, FL 34209

3.1 TITLE D
3.2 NAME D
3.3 STREET ADDRESS P.O. BOX 245
3.4 CITY-ST-ZIP Anthony, FL 32617

4.1 TITLE D
4.2 NAME D
4.3 STREET ADDRESS 1185 DOGWOOD AVE
4.4 CITY-ST-ZIP Tampa, FL 33613

5.1 TITLE D
5.2 NAME D
5.3 STREET ADDRESS 4747 E. INDIAN BEND
5.4 CITY-ST-ZIP Paradise Valley Arizona 85253

6.1 TITLE D
6.2 NAME D
6.3 STREET ADDRESS 1125 DOGWOOD AVE
6.4 CITY-ST-ZIP Tampa, FL 33613

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 14.06, 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:

Selma Palmer

Selma Palmer

04/17/95 (904) 625-2764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

The Oceti National Intertribal Inc.

Doc # N94000004390 (0)

N94-4390²

Additions to BOARD of DIRECTORS (cont'd)

D BLAKE WRIGHT (CHIEF ADMINISTRATOR OF INDIGENOUS ISSUES)

P.O. BOX 21

Longboat Key, FL 34228

D BRUCE RANDALL (CHIEF ADMINISTRATOR OF AGENCY PROTECTION)

RT1 BOX 393-B

Interlachen, FL 32148

D TONI MCCABE (CHIEF ADMINISTRATOR OF GRANTS)

1804 Yale Ave

Bradenton, FL 34207

D LANCE SCHENKER

2255 NE 115 Ave

Silver Spgs, FL 34489