

**FILE NOW: FILING FEE IS \$61.25**

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AND  
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97 OCT 16 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**

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

DOCUMENT # 1144000005381 ST: FL  
1. Corporation Name

Gathering  
Chambers Farm Native American Committee Inc

Principal Place of Business: Chambers Farm  
Mailing Address: 22400 NE Hwy 315  
FT. McCoy, Fla.  
32134

21	2. Principal Place of Business	26	2a. Mailing Address
22	22400 NE Hwy 315	27	17195 SE 249th Ave
23	City & State: Ft. McCoy, Fla.	28	City & State: Umatilla, Fla.
24	Zip: 32134	29	Zip: 32784
25	Country: Mexico	30	Country: Mexico

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	10/31/94		9-28-97
4.	FET Number		Applied For
	59-3277638		<input checked="" type="checkbox"/> Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
	<input checked="" type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Robert E. Achorn 17195 SE 249th Ave Umatilla, Fla. 32784		Robert E. Achorn 17195 SE 249th Ave Umatilla, Fla. FL 32784	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Robert E. Achorn III  
Signature type does not change of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

Robert E. Achorn III  
10/6/97  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Monna Chambers <input type="checkbox"/> DELETE	1.1 TITLE	Monna Chambers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monna Chambers	1.2 NAME	Monna Chambers
STREET ADDRESS	22400 NE Hwy 315	1.3 STREET ADDRESS	22400 NE Hwy 315
CITY-STATE-ZIP	Ft. McCoy Fla. 32134	1.4 CITY-STATE-ZIP	Ft. McCoy Fla. 32134
TITLE	Holcomb, Patricia <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Sherman Chambers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holcomb, Patricia	2.2 NAME	Sherman Chambers
STREET ADDRESS	176 NW 168th Court	2.3 STREET ADDRESS	22400 NE Hwy 315
CITY-STATE-ZIP	Silver Springs 34481	2.4 CITY-STATE-ZIP	Ft. McCoy Fla. 32134
TITLE	Holcomb Donald L <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Robert E. Achorn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holcomb Donald L	3.2 NAME	Robert E. Achorn
STREET ADDRESS	176 NW 168th Court	3.3 STREET ADDRESS	17195 SE 249th Ave
CITY-STATE-ZIP	Silver Springs 34488	3.4 CITY-STATE-ZIP	Umatilla Fla. 32784
TITLE	Magnon, Vance <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	Magnon, Vance	4.2 NAME	
STREET ADDRESS	17305 N.E. 70th Law Road	4.3 STREET ADDRESS	700002322237-8
CITY-STATE-ZIP	Silver Springs, Fla. 34488	4.4 CITY-STATE-ZIP	-10/16/97-01084-001
TITLE	Kleber Ted T. <input checked="" type="checkbox"/> DELETE	5.1 TITLE	***70.00***
NAME	Kleber Ted T.	5.2 NAME	
STREET ADDRESS	171 NE 167th Court	5.3 STREET ADDRESS	
CITY-STATE-ZIP	Silver Springs 34488	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: Robert E. Achorn III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Achorn III  
10/6/97  
Date

1-352 Day/No. Prefix #

CR2E037 (9/96)