

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

FILED
Mar 16 1996 8:00 am
Secretary of State

DOCUMENT # N95000002849 (6)

1. Corporation Name

NORTH AMERICAN INDIAN CENTER OF WESTERN FLORIDA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1593
HOMOSASSA SPRINGS FL 34447

P.O. BOX 1593
HOMOSASSA SPRINGS FL 34447

3. Date Incorporated or Qualified
06/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3322166

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORGENSEN, RICHARD
69 GREENTREE ST
HOMOSASSA, FL 34446

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 **VICE PRESIDENT** DELETE
NAME **ROBERT RUSS**
STREET ADDRESS **9740 W OZELLO TR**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

1.1 TITLE **DT** **TREASURER** Change Addition
1.2 NAME **JACQUELYN D WURZBACH**
1.3 STREET ADDRESS **14 S JACKSON ST**
1.4 CITY-ST-ZIP **BEVERLY HILLS FL 34465-3630**

TITLE **TREASURER** DELETE
NAME **LINDA RUSS**
STREET ADDRESS **9740 W OZELLO TR**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

2.1 TITLE **DS** **CORRESPONDING SECRETARY** Change Addition
2.2 NAME **ANNE WELCH**
2.3 STREET ADDRESS **14046 W SIREN CT**
2.4 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **DP** **PRESIDENT** DELETE
NAME **RICHARD E JORGENSEN**
STREET ADDRESS **69 GREENTREE ST**
CITY-ST-ZIP **HOMOSASSA FL 34446**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DS** **SECRETARY** DELETE
NAME **CAROL B JORGENSEN**
STREET ADDRESS **69 GREENTREE ST**
CITY-ST-ZIP **HOMOSASSA FL 34446**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **00000174666**
5.3 STREET ADDRESS **-03/18/96--01043--010**
5.4 CITY-ST-ZIP *****61.25**

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 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: **Richard E. Jorgensen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 **904-382-1515**
Date Daytime Phone #

CR2E037 (12/95)

PKB 3/16/96