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Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002849 (6)

1. Corporation Name

NORTH AMERICAN INDIAN CENTER OF WESTERN FLORIDA,  
INC.

Principal Place of Business

P.O. BOX 1593  
HOMOSASSA SPRINGS FL 34447

Mailing Address

P.O. BOX 1593  
HOMOSASSA SPRINGS FL 34447-15933. Date Incorporated or Qualified  
06/13/19953a. Date of Last Report  
03/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City &amp; State

29 Zip

Country

30

4. FEI Number

59-3322166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

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

TITLE DP  
NAME JORGENSEN, RICHARD E  
STREET ADDRESS 69 GREENTREE ST.  
CITY-ST-ZIP HOMOSASSA FL 34446TITLE DS  
NAME JORGENSEN, CAROL  
STREET ADDRESS 69 GREENTREE ST.  
CITY-ST-ZIP HOMOSASSA FL 34446TITLE DT  
NAME WURZBACH, JACQUELYN D  
STREET ADDRESS 14 S. JACKSON ST.  
CITY-ST-ZIP BEVERLY HILLS FL 34465-3630TITLE DS  
NAME WELCH, ANNE  
STREET ADDRESS 14046 W. SIREN CT.  
CITY-ST-ZIP CRYSTAL RIVER FL 34429TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President DV  
1.2 NAME Bogman, Carolyn  
1.3 STREET ADDRESS 11006 W. Cove Harbour Dr  
1.4 CITY-ST-ZIP Crystal River FL 344282.1 TITLE Treasurer DT  
2.2 NAME Bertine, Jan  
2.3 STREET ADDRESS 7701 N. Hargrove Pt  
2.4 CITY-ST-ZIP Crystal River FL 344283.1 TITLE Parliamentarian DP  
3.2 NAME Bourquin, George  
3.3 STREET ADDRESS 206 Pine Street  
3.4 CITY-ST-ZIP Homosassa, FL 344464.1 TITLE Parliamentarian DP  
4.2 NAME Dickson, Robert W  
4.3 STREET ADDRESS 1626 S. Irquios Ave  
4.4 CITY-ST-ZIP Homosassa, FL 344475.1 TITLE Property Keeper DPK  
5.2 NAME Mann, Eva  
5.3 STREET ADDRESS 2459 S. Coleman Ave  
5.4 CITY-ST-ZIP Homosassa FL 344486.1 TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

for 28, 1997 352-382-1515

Date

Daytime Phone # 0065228

CR2E037 (9/96)