

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra G. Northern  
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

2. Principal Place of Business

21 INDIAN CENTER OF WESTERN  
FLORIDA, INC.

Suite, Apt. #, etc.  
22 550 CR 40 WEST

City & State

23 INGLIS FLORIDA

Zip  
24 34449

Country  
25 USA

2a. Mailing Address

26 INDIAN CENTER OF WESTERN  
FLORIDA INC

Suite, Apt. #, etc.  
27 PO Box 1593

City & State

28 HOMOSASSA SPRINGS FL

Zip  
29 34447

Country  
30 USA

9. Name and Address of Current Registered Agent

JORGENSEN, RICHARD  
69 GREENTREE ST.  
HOMOSASSA FL 34446

3. Date Incorporated or Qualified

06/13/1995

4. FEI Number

59-3322166

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME  
JORGENSEN, RICHARD E  
STREET ADDRESS  
69 GREENTREE ST.  
CITY-ST-ZIP  
HOMOSASSA FL 34446

TITLE ☐ DELETE

NAME  
JORGENSEN, CAROL  
STREET ADDRESS  
69 GREENTREE ST.  
CITY-ST-ZIP  
HOMOSASSA FL 34446

TITLE ☒ DELETE

NAME  
BOZEMAN, CAROLYN  
STREET ADDRESS  
11008 W. COVE HARBOUR DRIVE  
CITY-ST-ZIP  
CRYSTAL RIVER FL

TITLE ☒ DELETE

NAME  
BERTINE, JAN  
STREET ADDRESS  
7701 N. HARGROVE POINT  
CITY-ST-ZIP  
CRYSTAL RIVER FL

TITLE ☒ DELETE

NAME  
BOURQUIN, GEORGE  
STREET ADDRESS  
206 PINE STREET  
CITY-ST-ZIP  
HOMOSASSA FL

TITLE ☒ DELETE

NAME  
NELSON, ROBERT W.  
STREET ADDRESS  
1826 S. IROQUIOS AVE.  
CITY-ST-ZIP  
HOMOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
ANTON EDWARD LEGGO  
1.3 STREET ADDRESS  
7481 W. MISS MAGGIE DRIVE  
1.4 CITY-ST-ZIP  
HOMOSASSA FLORIDA 34448

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 J. JORGENSEN

2/26/99 352-382-1515

FILED

98 MAR -5 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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