

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra G. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR -5 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **N95000002849 (6)**
1. Corporation Name

NORTH AMERICAN INDIAN CENTER OF WESTERN FLORIDA, INC.

Principal Place of Business Mailing Address
P.O. BOX 1593 P.O. BOX 1593
HOMOSASSA SPRINGS FL 34447 HOMOSASSA SPRINGS FL 34447

3. Date Incorporated or Qualified
06/13/1995
4. FEI Number **59-3322166** Applied For
Not Applicable

2. Principal Place of Business **NORTH AMERICAN INDIAN CENTER OF WESTERN FLORIDA, INC.**
26. Mailing Address **NORTH AMERICAN INDIAN CENTER OF WESTERN FLORIDA INC**
22. Suite, Apt. #, etc. **350 CR 40 WEST** 27. Suite, Apt. #, etc. **PO Box 1593**
23. City & State **INGLIS FLORIDA** 28. City & State **HOMOSASSA SPRINGS FL**
24. Zip **34449** 25. Country **USA** 29. Zip **34447** 30. Country **FLORIDA USA**

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

9. Name and Address of Current Registered Agent
JORGENSEN, RICHARD
69 GREENTREE ST.
HOMOSASSA FL 34446
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	VPDV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGENSEN, RICHARD E	1.2 NAME	ANTON EDWARD LEGOO
STREET ADDRESS	69 GREENTREE ST.	1.3 STREET ADDRESS	7481 W. MISS MAGGIE DRIVE
CITY-ST-ZIP	HOMOSASSA FL 34446	1.4 CITY-ST-ZIP	HOMO SASSA FLORIDA 34448
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGENSEN, CAROL	2.2 NAME	
STREET ADDRESS	69 GREENTREE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	2.4 CITY-ST-ZIP	
TITLE	VPDV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZEMAN, CAROLYN	3.2 NAME	
STREET ADDRESS	11006 W. COVE HARBOUR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTINE, JAN	4.2 NAME	
STREET ADDRESS	7701 N. HARGROVE POINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURQUIN, GEORGE	5.2 NAME	
STREET ADDRESS	206 PINE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, ROBERT W.	6.2 NAME	
STREET ADDRESS	1626 S. IROQUIOS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	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 E. Jorgensen* **RICHARD E. JORGENSEN** 2/26/98 352-382-1515
DEP. \$61.25

CR2E037 (10/97)