## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

N95000004160 (6)

UNITED NATIVE AMERICANS OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address 2811 CURRY WOODS DR. 2811 CURRY WOODS DR. ORLANDO FL 32822 ORLANDO FL 32822



l					3. Date incorporated or Qualified 3a. Date of Last Report		
1					08/26/1995 OB/26/1995		
2. Principal Pla		2a. Mailing Address			4. FEI Number Applied For		
21 20	, Box 950305	26 P.O. Box 95	<u>503</u>	<u>05 _</u>	59-3333530 Not Applicab		
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22	<del></del>	27			5. Certificate of States Desired Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23 Lake	.Maru, Florida	28 Lake Mar	4, F	loric	da Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	У	<ol><li>This corporation has liability for intangible tax under s. 199.032,</li></ol>		
24 3:2795	5-030525 USA	29 32795-030530	u	<u>sa</u>	Florida Statutes		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			81	Name	Steverson, Melodye P.		
TADD NAMEY DEGEDS 82 Street Add				t Address (P.O. Box Number is Not Acceptable)			
1 1/41111 1/41101 1/1002110				5207 Northlake Drive			
2611 CURNT WOODS Dr							
ORLANDO FL 32822				Tag 7:- Code			
			84		Sanford, FL 85 Zip Code 32773		
44 Days yest to	the provisions of Sections 617 0500 s	and 617 1508 Florida Statutos ti	he shove	named co	corporation submits this statement for the purpose of changing its registered of		
I or registere	ed agent, or both, in the State of Florida	a. Such change was authorized b	y the cor	poration's	s board of directors. I hereby accept the appointment as registered agent. I am		
familiar wit	h, and accept the obligations of, Section	in 617.0503, Fiorida Statutes.	n/	00	1 Supply		
SIGNATURE (	<u> Melodye P. Steverso</u>	on Secretary	Wel	Coles	1 K Que > 7/20/96		
	Signature, typed or printed name of registered agent at		egistered Ad	ent signat in	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND	DIRECTORS	1.1 TITLE		Director Change , ddition		
TITLE	D	RIDCLETE	1		Ken Avant		
NAME	TARR, NANCY ROGERS		1.2 NAME		The state of an Arick Kill ST		
STREET ADDRESS	2811 CURRY WOODS DR.		•	ET ADDRESS	Sanford, Fl. 32773		
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CiTY-				
TITLE	D	DELETE	21 TITLE				
NAME	MCINTYRE, LISA		2.2 NAME	•	Richard Hatcher		
STREET ADDRESS	1812 PALMER AVE.		2.3 STRE	ET ADDRESS	1912 Russober Court		
CITY-ST-ZIP	WINTER PARK FL 32789		2. 4 CITY	-ST-ZIP	Orlando, Fl. 32826		
TITLE	D	DEFELE	3.1 TITLE		Director Change F. Addition		
NAME	MCCLOE, LEO	/ \	3.2 NAM	E	Tayloughlin		
STREET ADDRESS	240 HOLIDAY LANE		3.3 STRE	et address	s   850 Maury Rd. # 60		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	10rlando, F1 · 32809		
TITLE	WINTER SPRINGS FL 32708	DELETE	4.1 TITLE		Director Change Addition		
NAME			4. 2 NAM	IE	marie Hardy		
STREET ADDRESS			1	ET ADDRESS	3719 Sedgewick Pl.		
1			4.4 CITY		Orlando, F1. 32806		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		President Change Addition		
			5.2 NAM		La casa a Casa a		
NAME					George Pamp Over #267		
STREET ADDRESS			L	ET ADDRESS	George Partip S 665 Youngstown PKWY. #267 Altamonte Springs, F1. 32714		
CITY-ST-ZIP		- Driett	5.4 CITY		Secretary Change Addition		
TITLE		DELETE	6.1 TITLE		1 Secretary		
NAME		•	6.2 NAM	E	melodye Steverson s 25207 Northlake Drive		
STREET ADDRESS					25207 NOTTHINKE 2773		
CITY ST-7IP			6.4 CITY	-ST-ZIP	Sanford, Fl. 32773		

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 constructed with an address.

Melodye P. Steverson-Sec. 4/22/46