

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004160 (6)

1. Corporation Name

UNITED NATIVE AMERICANS OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 950305
LAKE MARY FL 32795-0305
USP.O. BOX 950305
LAKE MARY FL 32795-0305
US3. Date Incorporated or Qualified
08/26/19953a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3333530

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

STEVERSON, MELODY P
25207 NORTHLAKE DRIVE
SANFORD FL 32773

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 D ☒ DELETE
NAME KEN AVANT
STREET ADDRESS 3750 KENTUCKY ST
CITY-ST-ZIP SANFORD FL1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Renee Roman Nose
1.3 STREET ADDRESS 108 Oak Street
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714TITLE D ☐ DELETE
NAME RICHARD HATCHER
STREET ADDRESS 1912 RUSSOBER COURT
CITY-ST-ZIP ORLANDO FL2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME George Pamp
2.3 STREET ADDRESS 718 E. Livingston St.
2.4 CITY-ST-ZIP Orlando, FL 32803TITLE D ☐ DELETE
NAME JAY LAUGHLIN
STREET ADDRESS 850 MAURY RD #65
CITY-ST-ZIP ORLANDO FL3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Chris Tanner
3.3 STREET ADDRESS 621 Dory Lane #204
3.4 CITY-ST-ZIP Altamonte Springs, FL 32714TITLE D ☒ DELETE
NAME MARIE HARDY
STREET ADDRESS 3719 SEDGEWICK PL
CITY-ST-ZIP ORLANDO F4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE P ☒ DELETE
NAME GEORGE PAMP
STREET ADDRESS 685 YOUNGSTOWN PKWY #267
CITY-ST-ZIP ALTAMONTE SPRINGS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME MELODY STEVERSON
STREET ADDRESS 25207 NORTHLAKE DRIVE
CITY-ST-ZIP SANFORD FL6.1 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 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: Melody P. Stevenson - Secretary 4/12/97 (407) 834-0366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015504

CR2E037 (9/96)