

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90069 015 ****61.25

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DOCUMENT # N95000004160

1. Corporation Name

UNITED NATIVE AMERICANS OF CENTRAL FLORIDA, INC.

Principal Place of Business

P.O. BOX 950305
LAKE MARY FL 32795-0305
US

Mailing Address

P.O. BOX 950305
LAKE MARY FL 32795-0305
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/26/1995

4. FEI Number

59-3333530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STEVERSON, MELODY P
25207 NORTHLAKE DRIVE
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name **Deborah Lodge**
82 Street Address (P.O. Box Number is Not Acceptable) **665 YOUNGSTOWN PKWY, UNIT 267**
83
84 City **Altamonte Springs FL** 85 Zip Code **32714**

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

Deborah Lodge **Deborah Lodge** **1/16/99**

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 **TD**
STREET ADDRESS **LODGE, DEBORAH**
CITY-ST-ZIP **665 YOUNGSTOWN PKWY, UNIT 267**
ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **RICHARD HATCHER**
CITY-ST-ZIP **1912 RUSSOBER COURT**
ORLANDO FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **COLE, KRIS**
CITY-ST-ZIP **2675 N LAKEMONT AVE**
WINTER PARK FL 32792

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TANNER, CHRIS**
CITY-ST-ZIP **621 DORY LANE, UNIT 204**
ALTAMONTE SPRINGS FL

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MCGINNIS, PAT**
CITY-ST-ZIP **525 S CONWAY RD, UNIT 146**
ORLANDO FL 32807

TITLE ☒ DELETE
NAME **VPD**
STREET ADDRESS **MELODY STEVERSON**
CITY-ST-ZIP **25207 NORTHLAKE DRIVE**
SANFORD FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 **D**
3.3 STREET ADDRESS **JAY LAUGHLIN**
3.4 CITY-ST-ZIP **856 MAURY ROAD, #65**
ORLANDO, FL 32804

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 **VPD**
6.3 STREET ADDRESS **CHRIS SHENK**
6.4 CITY-ST-ZIP **4800 COACHMAN'S DRIVE #2**
ORLANDO, FL 32812

14. I 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, with all other like empowered.

SIGNATURE: *Deborah Lodge* **Deborah Lodge** **1/16/99** **(407) 862-8472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)