

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004289 (3)

1. Corporation Name

MAYAN INDIAN RELIEF FUND, INC.

Principal Place of Business

1861 HARPER STREET  
MILTON FL 32583

Mailing Address

1861 HARPER STREET  
MILTON FL 32583



3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

LONG, RICHARD W  
1861 HARPER STREET  
MILTON FL 32583

4. FEI Number

59-3332042

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME RICHARD W. LONG P/D ☐ DELETE  
STREET ADDRESS 1861 HARPER ST  
CITY-STATE-ZIP MILTON, FL 32583

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

TITLE  
NAME BETTY L. KRECHIDCH UP/D ☐ DELETE  
STREET ADDRESS 1026 POTAMAC DR  
CITY-STATE-ZIP PENSACOLA, FL 32505

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE  
NAME JOHN GREEN S/D ☐ DELETE  
STREET ADDRESS 1861 HARPER ST  
CITY-STATE-ZIP MILTON, FL 32583

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE  
NAME CECILIA LEWIS T/D ☐ DELETE  
STREET ADDRESS 7323 LANIER DR  
CITY-STATE-ZIP PENSACOLA, FL 32504

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. 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 on an attachment with an address.

SIGNATURE:

Richard W. Long  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 904-432-7626  
Date Daytime Phone

CP2E037 (12/95)