

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

1-2

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000005702 (4)

1. Corporation Name

FLORIDA INDIAN ALLIANCE INC.



Principal Place of Business

Mailing Address

405 CENTRAL AVE., STE. 201  
ST. PETERSBURG FL 33701

405 CENTRAL AVE., STE. 201  
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 33 4th Street N

26 33 4th Street N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 202

27 202

City & State

City & State

23 ST. Petersburg FL

28 ST. Petersburg, FL

Zip

Country

Zip

Country

24 33701

25 USA

29 33701

30 USA

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, SHERIDAN G  
405 CENTRAL AVE., STE. 201  
ST. PETERSBURG FL 33701

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PROVANCIAL, GABRIEL  
405 CENTRAL AVE., STE. 201  
ST. PETERSBURG FL 33701

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

C/D  
Provancial, Gabriel  
405 Central Ave Suite 201  
St. Petersburg, FL 33701

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MURPHY, SHERIDAN  
405 CENTRAL AVE., STE. 201  
ST. PETERSBURG FL 33701

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

M/D  
Murphy, Sheridan  
405 Central Ave Suite 201  
St. Petersburg, FL 33701

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MADRID, MARK  
405 CENTRAL AVE., STE. 201  
ST. PETERSBURG FL 33701

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

S/D  
Madrid, Mark  
405 Central Ave Suite 201  
St. Petersburg, FL 33701

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SMITH, JENNIFER  
7211 ASTUZ DR.  
NEW PORT RICHEY FL 34852

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

D

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
NARCOMIEY, DAVID  
184 ALDERGATE  
GREEN COVE SPRINGS FL 32043

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

T/D  
Narcomey, David  
184 Aldergate  
Green Cove Springs, FL 32043

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SPIERING, RENEE  
3130 AUTUMNWOOD TRL.  
APOPKA FL 32073

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

D

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

Date

813-823-2524

Daytime Phone #

0012363

CR2E037 (3/96)

N95000005702

2-2

13)

7.1 D            Change X    Addition  
7.2. Rogers, Mike  
7.3 2301 Collins Ave #1509A  
7.4 Miami Beach, FL 33139

8.1 D            Change X    Addition X  
8.2. Crouse, Joe  
8.3. 405 Central Ave Suite 201  
8.4 St. Petersburg, FL 33701

9.1. D            Change X    Addition X  
9.2 Jamieson, Alan  
9.3. 4701 17th Ave S.  
9.4 St. Petersburg, FL 33701

10.1 D  
10.2 Adams, Elizabeth  
10.3 2859 Oaktree Lane  
10.4 Palm Harbor, FL 34685