

6-20-97 B C
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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

33 4TH STREET NORTH
STE. 202
ST. PETERSBURG FL 33701
US

33 4TH STREET NORTH
STE. 202
ST. PETERSBURG FL 33701-3806
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/04/1995

3a. Date of Last Report
08/12/1996

4. FEI Number

APPLIED FOR 593415312

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

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)

6/18/97

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

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

TITLE MD ☐ DELETE

NAME MURPHY, SHERIDAN
STREET ADDRESS 405 CENTRAL AVENUE, STE. 201
CITY-ST-ZIP ST. PETERSBURG FL

TITLE SD ☐ DELETE

NAME MADRID, MARK
STREET ADDRESS 405 CENTRAL AVENUE, STE. 201
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE D ☐ DELETE

NAME SPIERING, RENEE
STREET ADDRESS 3130 AUTUMNWOOD TRL.
CITY-ST-ZIP APOPKA 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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

6/18/97

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97 JUN 20 PM 2:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E037 (9/96)