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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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-05/29/98--01013--002
***70.00

DOCUMENT # N97000001991

1. Corporation Name
American Indian Movement (Florida) AIM, Inc.
1424 Commercial Park Drive, Suite 5
Lakeland, Florida 33801

Principal Place of Business	Mailing Address
3412 Bigelow Dr. Holiday, FL 34691	P.O. Box 2462 Eaton Park, FL 33840

3. Date Incorporated or Qualified: April 9,1997

4. FEI Number: 59-3437371 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3412 Bigelow Drive	26 P.O. Box 2462
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Holiday, Florida	City & State 28 Eaton Park, FL
Zip / Country 24 34691 / 25 USA	Zip / Country 29 33840 / 30 USA

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jackie L. Exum 1424 Commercial Park DR. Suite 5 Lakeland Florida 33801	81 Name: David S. Battersby 82 Street Address (P.O. Box Number is Not Acceptable): 3412 Bigelow Drive 83 84 City: Holiday FL 85 Zip Code: 34691

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: David S. Battersby — David S. Battersby — 4/30/98
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	President Jackie L. Exum 1424 Commercial Park Dr. #5 Lakeland, FL 33801 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President KC Clarke P.O. Box 2462 (N/A) Eaton Park, Florida 33840 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive State Director David S. Battersby 3412 Bigelow Drive Holiday, FL. 34691 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Jim (Sawgrass) Boettner P.O. Box 2462 (N/A) Eaton Park, FL 33840 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	State Chairman/Dir. Charles Welch 1424 Commercial Park Dr. #5 Lakeland, FL 33801 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director Dave Brant P.O. Box 2462 (N/A) Eaton Park, FL 33840 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	State Coordinator David Exum 1424 Commercial Park Dr. #5 Lakeland, FL 33801 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Tom Downes P.O. Box 2462 (N/A) Eaton Park, FL 33840 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Securites Director John York 1424 Commercial Park Dr. #5 Lakeland, FL 33801 ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Lonewolf Driver P.O. Box 2462 (N/A) Eaton Park, FL 33840 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Wanda Davis P.O. Box 2462 (N/A) Lakeland, Florida 33840 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Securties Director John Geronimo P.O. Box 2462 (N/A) Eaton Park, FL 33840 ☐ Change ☒ Addition

CR2E037 (10/97)

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

SIGNATURE: David S. Battersby — 4/30/98 — (813)241-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #