2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000003245

1. Entity Name
THUNDERBIRD INTERTRIBAL COUNCIL INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1387 EGLIN A.F.B., FL 32542-0387	POST OFFICE BOX 1387 EGLIN A.F.B., FL 32542-0387

01162007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3467734
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOCKLEAR, KIRBY R MR
13 WINDSOR LANE NE
FORT WALTON BEACH, FL 32547

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000614133
02/06/07-80015-015 61.25

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FARMER, GLENN
STREET ADDRESS	700 KUMQUAT AVE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	VCD
NAME	LOCKLEAR, KIRBY R
STREET ADDRESS	13 WINDSOR LANE NE
CITY-ST-ZIP	FORT WALTON BEACH, FL 325471744
TITLE	SD
NAME	HERNANDEZ, LYDIA R
STREET ADDRESS	1131 N. BAYSHORE DR
CITY-ST-ZIP	VALPARAISO, FL 32580
TITLE	TD
NAME	HUMPHREY, ROBERTA M
STREET ADDRESS	3949 BALSAM DR
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MAL
NAME	MCDONALD, JOHNNY W
STREET ADDRESS	8341 MIRANDA STREET
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kirby R. Locklear 23 JAN 07 850 863-5311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #