

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003245

FILED
Mar 21, 2009
Secretary of State

Entity Name: THUNDERBIRD INTERTRIBAL COUNCIL INC.

Current Principal Place of Business:

POST OFFICE BOX 1387
EGLIN A.F.B., FL 325420387

New Principal Place of Business:

13 WINDSOR LANE NE
FORT WALTON BEACH, FL 32547

Current Mailing Address:

POST OFFICE BOX 1387
EGLIN A.F.B., FL 325420387

New Mailing Address:

FEI Number: 59-3467734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FARMER, GLENN
Address: 700 KUMQUAT AVE
City-St-Zip: NICEVILLE, FL 32578

Title: VCD () Delete
Name: LOCKLEAR, KIRBY R
Address: 13 WINDSOR LANE NE
City-St-Zip: FORT WALTON BEACH, FL 325471744

Title: SD () Delete
Name: HARTWELL, JAMES E JR
Address: 64 LAURIE LANE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: HUMPHREY, ROBERTA M
Address: 3949 BALSAM DR
City-St-Zip: NICEVILLE, FL 32578

Title: MAL () Delete
Name: CHAVERS, THOMAS
Address: 263 ECHO CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRBY R LOCKLEAR

VCD

03/21/2009

Electronic Signature of Signing Officer or Director

Date