FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT,

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Morth

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000004815 (3)

THE AMERICAN INDIAN FEDERATION INC.

Principal Place of Business Mailing Address			r amaistan men empir effett Matte Gatte Matte Antit Antit Antit Antit Antit	anii aiaai (616) (156) (111) (66)	
9434 E. 7TH STREET PANAMA CITY FL 32401  2434 E. 7TH STREET PANAMA CITY FL 32401				3. Date Incorporated or Qualified	
				08/22/1997	
				4. FEI Number	Applied For
A District	Dia		,	59-3470292	Not Applicable
21	Place of Business	26. Mailing Address 26	r <u>ry v</u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt	#, etc.	Suito, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & Sta	te tn	City & State		7- Is this nonprofit corporation a homeown	Added to Fees
23	N °	28		· ' ' —	No
Ziga .	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 81 Name				10. Name and Address of New Registered	I Agent
MCCODUICK IAMES C				chine	
3484 E. 7TH STREET				ress (P.O. Box Number is Not Acceptable)	
PANAMA CITY FL 32401				• 4	
			84 City	- 10 /wm	
L			- ",	r $\theta^{r}$ Fi	85 Zip Code
11. Pursuant to the previsions 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	Was Irm	in P thousand	(	1-6-98	
	Signature, typed or printed hands of registered agen	and little if applicable (NOTE:	Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME	James C. moloronis	M GEO. LI DELETE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	3434 6-774 57		1.3 STREET ADDRESS		
CITY-ST-ZIP	RANAMA City.	71 32401	1.4 CITY-ST-ZiP		
TITLE	7.0.	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME .	clint 5 Meletini	et	2.2 NAME	•	
STREET ADDRESS	3434 6. 7Th ST	`	2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	PC 71 32401	The Friday	2.4 CITY-ST-ZIP		
TITLE	Chainly Hattison	☐ DELETE	3.1 TITLE		Change    Addition
NAME STREET ADDRESS	Rt 1 BOX 53	Hlor	3.2 NAME		
CITY-ST-ZIP	Danten She	/' <b>/</b> /1	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE	D. Norwith Det	DELETE	4.1 TITLE		Change Addition
NAME	14	2.	4. 2 NAME		
STREET ADDRESS		•	4.3 STREET ADDRESS		
CITY-ST-ZIP	PC . 32404		4.4 CITY-ST-ZIP		
TITLE	O- Samuella ETI	DELETE	5.1 TITLE		Change Addition

CITY-ST-ZIP 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 hat 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

**FILED** 

Apr 27 1998 8:00am

Secretary of State

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