FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N970000070

INDIAN RIVER NATIVE AMERICAN ASSOCIATION, INC.

FILED May 07 1998 8:00am Secretary of State

4/20/68

INDIAN RIVER NATIVE AMERICAN ASSOCIATION, INC.													
Principal Place of Business				Mailing Address									
465 WILDWOOD DR. NEW SMYRNA BEACH FL 32168				465 WILDWOOD DR. NEW SMYRNA BEACH FL 32168				3. Date Incorporated or Qualified 12/19/1997					
									4. FEI Number	AF	oplied For		
									59-3482319	No	ot Applicable		
2. Principal F	Place of Busi	ness	⊢	2a. Mailing Address					5. Certificate of Status Desired	\$8.75			
Sulte, Apt.	# etc		20	Suite, Apt. #, etc.					# Sheeting Open size Financian	Fee Re			
22	. #, 010.		27	27					6. Election Campaign Financing Trust Fund Contribution	\$5.00 to			
City & Star	te			City & State					7. Is this nonprofit corporation a homeowners				
23			20	28						No			
Zip	Country			 			Country		8. This corporation owes or has paid the curre	nt year Int	angible		
24	9. Name and Address of Currer			29 30							No		
	9. Name	and Address of C	urrent Heg	Natered Agent		81	Ti	Name	10. Name and Address of New Registered A	jent			
HEDDIN	RADRADA	(L						
HERRIN, BARBARA J 465 WILDWOOD DR.				82			! !	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
		CH FL 32168				83	-						
11011 011							L.						
						84	ľ	Dity	FL	85 Zip (Code		
agent. I a	to the provis registered ag am familiar w	sions of Sections 617 gent, or both, in the ith, and accept the	7.0502 and State of Flo obligations	617.1508, Florida orida. Such change of, Section 617.050	Statutes, t was autho 03, Florida	the abov orized by a Statute	νe-π y th	amed corporation	oration submits this statement for the purpose of c ion's board of directors. I hereby accept the appoi	hanging it ntment as	s registered registered		
SIGNATURE	Signature, typed	for printed name of register	ed agent and t	title if applicable	(NOTE: Rec	alstered Ag	ent e	signature require	ed when reinstating) DATE				
12.			S AND DIR			13.			ADDITIONS/CHANGES TO OFFICERS AND I	IRECTOR	S IN 12		
TITLE	PD			DELET	TE	1.1 TITLE				Change	Addition		
NAME		, BARBARA J			1	1.2 NAME							
STREET ADDRESS		DWOOD DR.	20120	131			1.3 STREET ADDRESS						
CITY-ST-ZIP	VD VD	IYRNA BEACH FL	. 32108	Попр		1.4 CiTY-8	ST-2	ZIP		7.05	Addition		
TITLE NAME		R, DELMER L		☐ DELET		2.1 TITLE		ļ	L	Change	☐ Addition		
STREET ADDRESS		DWOOD DR.		2.3			2.2 NAME 2.3 STREET ADDRESS						
CITY-ST-ZIP	,	IYRNA BEACH FL	32168				ST-						
TITLE	STD		*	DELETE 3.11			31-	211		Change	☐ Addition		
NAME	CROME	R, JAMES C				3.2 NAME				_ •			
STREET ADDRESS		DWOOD DR.				3.3 STREET	T AD	ORESS					
CITY-ST-ZIP	NEW SN	iyrna beach fl	. 32168			3.4. CITY-	ST-	ZIP					
TITLE				☐ DELET	TE T	4.1 TITLE	_	-		Change	Addition		
NAME						4. 2 NAME		İ					
STREET ADDRESS	J				J	4.3 STREET		1					
CITY-ST-ZIP	· 	···		DELET	re	4.4 CITY-S	ST-Z	IP P		T Obsess	1 defiles		
TITLE NAME				☐ DELET		5.1 TITLE 5.2 NAME		Ì	L	Change	Addition		
STREET ADDRESS						5.3 STREET		hpree			10		
CITY-ST-ZIP						5.4 CITY - S				7C	21.1		
TITLE				DELET		6.1 TITLE	J1-2			Change	Addition		
NAME	1					6.2 NAME			20000251814 -05/11/9801025004	2	_,		
STREET ADDRESS	1				1	6.3 STREET	T AD	DRESS	-U5/11/98U1U25UU4	ł			
CITY-ST-ZIP						6.4 CITY-5			**************************************				
14. I hereby o	certify that th	e Information suppli	ed with this	s filing does not qui	alify for the	e exemp	otio	n stated in S	Section 119.07(3)(i), Florida Statutes, I further cert te shall have the same legal effect as if made under	fy that the	information		
officer or	director of the	ne corporation or the if changed, or on an	receiver c	or trustee empowere	oexe ot be	cute this	rep	ort as requ	ired by Chapter 617, Florida Statutes; and that my	name ap	pears in		