

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90034 050 \*\*\*\*70.00

**DOCUMENT # N98000002049**

1. Corporation Name

**CENTRAL FLORIDA NATIVE AMERICANS, INC.**

Principal Place of Business

PO BOX 1536  
BUSHNELL FL 33513-1536

Mailing Address

PO BOX 1536  
BUSHNELL FL 33513-1536



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OXENDINE, HOWARD W  
2022 SW 97TH AVENUE  
BUSHNELL FL 33513

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Howard W Oxendine*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Howard W. Oxendine - Chief 3-19-99*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE  
NAME OXENDINE, HOWARD W  
STREET ADDRESS 2022 SW 97TH AVE., PO BOX 2046  
CITY-ST-ZIP BUSHNELL FL 33513-2046

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME OXENDINE, H B  
STREET ADDRESS 2022 SW 97TH AVE.  
CITY-ST-ZIP BUSHNELL FL 33513-2046

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME OXENDINE, DELLA  
STREET ADDRESS 2022 SW 97TH AVE.  
CITY-ST-ZIP BUSHNELL FL 33513-2046

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME COOK, KAREN S  
STREET ADDRESS 9607 SW 20TH WAY  
CITY-ST-ZIP BUSHNELL FL 33513

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME COOK, KEN  
STREET ADDRESS 9607 SW 20TH WAY  
CITY-ST-ZIP BUSHNELL FL 33513

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HAYES, WARREN D  
STREET ADDRESS 2935 CR 756A  
CITY-ST-ZIP WEBSTER FL 33597

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, with all other like empowered.

SIGNATURE: *Howard W Oxendine* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-99 352-793-5978

CR2E037-(1/198)