

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P39693 (7)

1. Corporation Name

ARROW, AMERICAN INDIAN CHARITY, INC.

95 FEB 10 PM 2:16

Principal Place of Business

Mailing Address

1000 CONNECTICUT AVE., N.W.
WASHINGTON DC 20036

1000 CONNECTICUT AVE., N.W.
WASHINGTON DC 20036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1992	3a. Date of Last Report 01/27/1994
4. FEI Number 53-0218647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

JOHNSON, FRANKLYN
26371 HICKORY BLVD.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEADING FIGHTER, EVELYN
STREET ADDRESS	2910 S GLEBE RD
CITY- ST- ZIP	ARLINGTON VA
TITLE	DVC
NAME	SWEAZEY, RAY
STREET ADDRESS	112 ROMERO CIRCLE
CITY- ST- ZIP	ALAMA CA
TITLE	D
NAME	TIDRICK, DOLORES
STREET ADDRESS	1565 MONACO PKWY.
CITY- ST- ZIP	DENVER CO
TITLE	D
NAME	LAWRY, JUNE
STREET ADDRESS	3908 CLOVERHILL RD.
CITY- ST- ZIP	BALTIMORE MD
TITLE	PD
NAME	BENNETT, ROBERT L.
STREET ADDRESS	604 WAGON TRAIN DR. S.E.
CITY- ST- ZIP	ALBUQUERQUE N.
TITLE	M
NAME	COLOSIMO, E. THOMAS
STREET ADDRESS	1000 CONN. AVE. N.W.
CITY- ST- ZIP	WASHINGTON D.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leading Fighter, Evelyn	
1.3 STREET ADDRESS	3110 Mt. Vernon Avenue, #1105	
1.4 CITY- ST- ZIP	Alexandria, Virginia 22305	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zuni, Michael Sr.	
2.3 STREET ADDRESS	P. O. Box 947 NA	
2.4 CITY- ST- ZIP	Zuni, New Mexico 87327	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gerard, Forrest J.	
5.3 STREET ADDRESS	2901 Don Pablo, N. W.	
5.4 CITY- ST- ZIP	Albuquerque, New Mexico 87104	
6.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Elbert, Hazel E.	
6.3 STREET ADDRESS	1000 Connecticut Avenue, N. W., Suite 1206	
6.4 CITY- ST- ZIP	Washington, D. C. 20036	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Hazel E. Elbert 1/18/94 202/296-0685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone Number