

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39693** (7)

1. Corporation Name  
**ARROW, AMERICAN INDIAN CHARITY, INC.**



Principal Place of Business: 1000 CONNECTICUT AVE., N.W. WASHINGTON DC 20036  
Mailing Address: 1000 CONNECTICUT AVE., N.W. WASHINGTON DC 20036

3. Date Incorporated or Qualified: 07/20/1992  
3a. Date of Last Report: 02/10/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	53-0218647	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, FRANKLYN 26371 HICKORY BLVD. BONITA SPRINGS FL 33923	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code
	FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEADING FIGHTER, EVELYN	1.2 NAME	
STREET ADDRESS	3110 MT VERNON AVE #1105	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VI	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUNI, MICHAEL SR	2.2 NAME	
STREET ADDRESS	P O BOX 947 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZUNI NE	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDRICK, DOLORES	3.2 NAME	
STREET ADDRESS	1585 MONACO PKWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRY, JUNE	4.2 NAME	
STREET ADDRESS	3908 CLOVERHILL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD, FORREST J	5.2 NAME	
STREET ADDRESS	2901 DON PABLO NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NE	5.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELBERT, HAZEL E	6.2 NAME	
STREET ADDRESS	1000 CONNECTICUT AVE NW STE 1206	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	

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)(k), 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.

SIGNATURE: Hazel E. Elbert 2/16/96 (202) 296-0685  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)