


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 20036-5302
---	--



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

3. Date Incorporated or Qualified 07/20/1992	3a. Date of Last Report 02/22/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEADING FIGHTER, EVELYN	
STREET ADDRESS	3110 MT VERNON AVE #1105	
CITY-ST-ZIP	ALEXANDRIA VI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZUNI, MICHAEL SR	
STREET ADDRESS	P O BOX 947 N/A	
CITY-ST-ZIP	ZUNI NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIDRICK, DOLORES	
STREET ADDRESS	1565 MONACO PKWY.	
CITY-ST-ZIP	DENVER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWRY, JUNE	
STREET ADDRESS	3908 CLOVERHILL RD.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GERARD, FORREST J	
STREET ADDRESS	2901 DON PABLO NW	
CITY-ST-ZIP	ALBUQUERQUE NE	
TITLE	M	<input type="checkbox"/> DELETE
NAME	ELBERT, HAZEL E	
STREET ADDRESS	1000 CONNECTICUT AVE NW STE 1206	
CITY-ST-ZIP	WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pickett, Evelyn	
1.3 STREET ADDRESS	6823 Supreme Court	
1.4 CITY-ST-ZIP	Springfield, VA 22150	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Hazel E. Elbert **REQUIRED** 1-27-97 (202) 296-0685
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076184

CR2E037 (9/96)