

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**  
 08-16-2000 90009 014 \*\*\*\*70.00

**DOCUMENT # P39693**  
 1. Entity Name  
**ARROW, AMERICAN INDIAN CHARITY, INC.**



Principal Place of Business      Mailing Address  
**1000 CONNECTICUT AVE., N.W.**      **1000 CONNECTICUT AVE., N.W.**  
**WASHINGTON DC 20036**      **WASHINGTON DC 20036-5302**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**53-0218647**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**JOHNSON, FRANKLYN**  
**26371 HICKORY BLVD.**  
**BONITA SPRINGS FL 33923**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TRIMBLE, C E</b>	
STREET ADDRESS	<b>719 S 75TH ST</b>	
CITY-ST-ZIP	<b>OMAHA NE 68114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCKEAG, J</b>	
STREET ADDRESS	<b>315 QUEEN ST</b>	
CITY-ST-ZIP	<b>ALEXANDRIA VA 22314</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TIDRICK, DOLORES</b>	
STREET ADDRESS	<b>1565 MONACO PKWY.</b>	
CITY-ST-ZIP	<b>DENVER CO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAWRY, JUNE</b>	
STREET ADDRESS	<b>3908 CLOVERHILL RD.</b>	
CITY-ST-ZIP	<b>BALTIMORE MD</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GERARD, FORREST J</b>	
STREET ADDRESS	<b>2901 DON PABLO NW</b>	
CITY-ST-ZIP	<b>ALBUQUERQUE NE</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>ELBERT, HAZEL E</b>	
STREET ADDRESS	<b>1000 CONNECTICUT AVE NW STE 1206</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Trahant, Mark</b>	
STREET ADDRESS	<b>PO Box 70</b>	
CITY-ST-ZIP	<b>Seattle, WA 98111</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LaFromboise, Conrad</b>	
STREET ADDRESS	<b>PO Box 2246</b>	
CITY-ST-ZIP	<b>Browning, MT 59417</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ryburn, Jerry</b>	
STREET ADDRESS	<b>3705 Don Isidro NW</b>	
CITY-ST-ZIP	<b>Albuquerque, NM 87107</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Swimmer, Ross O.</b>	
STREET ADDRESS	<b>1560 E. 21st St., #300</b>	
CITY-ST-ZIP	<b>Tulsa, OK 74114</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Hazel E. Elbert* **ELBERTED** (Hazel E. Elbert) **7-25-00**      202-296-0685  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)