

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718781

Entity Name: THE AMERICAN INDIAN ASSOCIATION OF FLORIDA,
INCORPORATED**Current Principal Place of Business:**863 LANCER CIRCLE
OCOEE, FL 34761**Current Mailing Address:**P.O. BOX 260
WINTER PARK, FL 32790-0260 US**FEI Number: 23-7073242****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ELDER, CAROL E
863 LANCER CIRCLE
OCOEE, FL 34761 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	HOWIE, REBECCA
Address	500 GEORGE STREET
City-State-Zip:	WINTER SPRINGS FL 32708

Title	D
Name	CHRISTY, MARTHA
Address	855 BIG BUCK CIRCLE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	T
Name	ELDER, CAROL E
Address	863 LANCER CIRCLE
City-State-Zip:	OCOEE FL 34761

Title	D
Name	SAVAGE, PEGGY
Address	350 E JACKSON ST #1109
City-State-Zip:	ORLANDO FL 32801

Title	P
Name	ADKINS, ROYCE
Address	1964 GALAXY DR
City-State-Zip:	LAKE WALES FL 33859

Title	D
Name	WOLFE, MARGARET
Address	153 CLYDE AVENUE
City-State-Zip:	LONGWOOD FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL E. ELDER**TREASURER****01/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date