

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005404

FILED
Apr 24, 2022
Secretary of State
3914159031CC

Entity Name: TYONEK NATIVE CORPORATION

Current Principal Place of Business:

1689 C ST, STE 219
ANCHORAGE, AK 99501

Current Mailing Address:

1689 C ST, STE 219
ANCHORAGE, AK 99501

FEI Number: 92-0047626

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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 DIRECTOR, VP, TREASURER
Name KROTO, CASSANDRA
Address 1689 C ST, STE 219
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR
Name MCCORD, EMIL J
Address 1689 C ST, STE 219
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR, CHAIRMAN
Name WILLIFORD, SHARON
Address 1689 C ST, STE 219
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR, VC
Name MCCORD, RODNEY SR.
Address 1689 C ST, STE 219
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR, SECRETARY
Name STEPHAN, BILLY
Address 1689 C ST, STE 219
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR, ASST. SECRETARY,
ASST. TREASURER
Name CLEARY, ANGIE
Address 1689 C ST, STE 219
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR
Name STANDIFER, SR., DONALD
Address 1689 C ST, STE 219
City-State-Zip: ANCHORAGE AK 99501

Title DIRECTOR, PRESIDENT
Name STEPHAN, MICHAELENE
Address 1689 C ST, STE 219
City-State-Zip: ANCHORAGE AK 99501

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAELENE STEPHAN

PRESIDENT

04/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHICKALUSION, KC
Address 1689 C ST, STE 219
City-State-Zip: ANCHORAGE AK 99501