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 # N95000000294 (7)

1. Corporation Name

NATIVE AMERICAN CULTURAL SOCIETY OF FLORIDA, INC

Principal Place of Business	Mailing Address
26312 SLEEPY HOLLOW STREET SORRENTO FL 32776	26312 SLEEPY HOLLOW STREET SORRENTO FL 32776

3. Date Incorporated or Qualified: 01/23/1995

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 59-3284500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAILSBACK, DON
26312 SLEEPY HOLLOW STREET
SORRENTO FL 32776

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAILSBACK, DON		1.2 NAME		
STREET ADDRESS	26312 SLEEPY HOLLOW STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL 32776		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROWLAND, CHARLES V		2.2 NAME	TAYLOR, ELMER M.	
STREET ADDRESS	1827 NW 188TH PLACE		2.3 STREET ADDRESS	10100 C R 44 EAST	
CITY-ST-ZIP	GAINESVILLE FL 32609-4281		2.4 CITY-ST-ZIP	Leesburg, Fl 34788	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, SHERRY A		3.2 NAME		
STREET ADDRESS	10100 S R 44 EAST		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CAMERON, ELTON E JR.		4.2 NAME		
STREET ADDRESS	698 NE 128TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HILL, GARY L		5.2 NAME		
STREET ADDRESS	RT. 2, BOX 790A1		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL 32669		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Don Railsback Don Railsback 1/24/96 352-735-3762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #