SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 12 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 # N95000000294 (7)

1. Corporation Name
NATIVE AMERICAN CULTURAL SOCIETY OF FLORIDA, INC

Principal Place of Business	Mailing Address
10100 C. R. 44 EAST LEESBURG FL 34788	10100 C. R. 44 EAST LEESBURG FL 34788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1995
3a. Date of Last Report: 01/31/1996
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 Fee
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

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: Elmer M. Taylor
82 Street Address (P.O. Box Number is Not Acceptable): 10100 C.R. 44 EAST
83: Leesburg
84 City: FL 85 Zip Code: 34788

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: Elmer M Taylor — 9-8-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD	☒ Change ☐ Addition
NAME	TAYLOR, ELMER M		2.2 NAME		
STREET ADDRESS	10100 CR 44 EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP		
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		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	John WALLACE	
STREET ADDRESS			5.3 STREET ADDRESS	P.O. Box 302 N/A	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ALTOONA, FL 32702	
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 (4/97)

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: Elmer M Taylor SIGNATURE REQUIRED — 8-26-97 — 352-324-9294