## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2004 8:00 am DOCUMENT # N95000000294 Secretary of State 1. Entity Name 05-04-2004 90183 046 \*\*\*\*61.25 NATIVE AMERICAN PEOPLES SOCIETY OF FLORIDA, Principal Place of Business Mailing Address 833 N. SUMMIT AVE. LAKE HELEN FL 32744 833 N. SUMMIT AVE. LAKE HELEN FL 32744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3284500 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, ELMER M Street Address (P.O. Box Number is Not Acceptable) 833 N. SUMMIT AVE. LAKE HELEN FL 32744 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 🔀 Delete TITLE Change ☐ Addition WALLACE, JOHN NAME NAME P O BOX 302 N/A STREET ADDRESS STREET ADDRESS ALTOONA FL CITY - ST- ZIP CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Addition TAYLOR, ELMER M NAME NAME 833 N SUMMIT AVE STREET ADDRESS STREET ADDRESS LAKE HELEN FL 32744 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Thibodeau, DENICE THIABEAU: DANESE 833 N. SUMMIT AVE. STREET ADDRESS STREET ADDRESS LAKE HELEN FL 32744 CITY-ST-ZIP CITY-ST-ZIP Delete TRIPP, BRENDA W #Gail Duprey umitilla i Slovida NAME NAME 10121 CR 44 EAST STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition GRAFT, JODY NAME NAME 893 N. SUMMIT AVE. STREET ADDRESS STREET ADDRESS LAdy Loke , FL LAKE HELEN EL 32744 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Daytime Phone #

FILED