2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State
05-01-2003 90265 048 ****61.25

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DOCUMENT # N95000000294

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

Principal Place of Business	Mailing Address
10121 C.R. 44 EAST LEESBURG FL 34788	P.O. BOX 350699 GRAND ISLAND FL 32735

2. Principal Place of Business	3. Mailing Address
833 N Summit Ave	833 N Summit AU
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Helen, FL	City & State: Lake Helen, FL
Zip: 32744 Country: US	Zip: 32744 Country: US.

☐ CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, ELMER M 10121 C.R. 44 EAST LEESBURG FL 34788	Name: Taylor Elmer M Street Address (P.O. Box Number is Not Acceptable): 833 N Summit Ave City: Lake Helen FL Zip Code: 32744

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: Elmer M Taylor Elmer M Taylor 28 April 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, JOHN P O BOX 302 N/A ALTOONA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR, ELMER M ~~10121 CR 44 EAST~~ 833 N Summit Ave ~~LEESBURG FL~~ Lake Helen 32744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Taylor Elmer M ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDM TAYLOR, SHERRY A 10121 CR 44 EAST LEESBURG FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIPPS, THOMAS E 699 N. HWY. 301 SUMTERVILLE FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRIPP, BRENDA W 10121 CR 44 EAST LEESBURG FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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.

SIGNATURE: SIGNATURE REQUIRED Elmer M Taylor 19 May 03 386-228-3665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #