2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# 729418

Entity Name: FLORIDA INDIAN HOBBYIST ASSOCIATION, INC.

Current Principal Place of Business:

5521 IDEAL HOLDING RD.
PT. ST. LUCIE, FL 34988

New Principal Place of Business:

PO BOX 12716
FT. PIERCE, FL 34979

Current Mailing Address:

P.O. BOX 12716
FT. PIERCE, FL 34979 US

New Mailing Address:

FEI Number: 26-1153165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINER, DORIS W.
12595 E BOY SCOUT RD
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POTTORFF, TENA
Address: 172 SE VILLAGE DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PD ( ) Delete
Name: WITMER, JIM
Address: 814 S FED HWY
City-St-Zip: LAKE WORTH, FL 33460

Title: PD ( ) Delete
Name: POTTORFF, DAVID
Address: 172 SE VILLAGE DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: STD ( ) Delete
Name: BELL, BRENDA
Address: PO BOX 12716
City-St-Zip: FORT PIERCE, FL 34979

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA BELL STD 07/06/2004

Electronic Signature of Signing Officer or Director — Date