

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729418

FILED
May 05, 2005
Secretary of State

Entity Name: FLORIDA INDIAN HOBBYIST ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 12716
FT. PIERCE, FL 34979

New Principal Place of Business:

172 SE VILLAGE DRIVE
PORT ST LUCIE, FL 34952

Current Mailing Address:

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

New Mailing Address:

172 SE VILLAGE DRIVE
PORT ST LUCIE, FL 34952 US

FEI Number: 26-1153165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

POTTORFF, DAVID M
172 SE VILLAGE DRIVE
PORT ST LUCIE, FL 34952 US

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: DAVID M POTTORFF

05/05/2005

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

Title: () Delete
Name:
Address:
City-St-Zip:

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: STD (X) Change () Addition
Name: BELL, SHASTA
Address: 548 CAPE COD LANE #304
City-St-Zip: ALTOMONTE SPRINGS, FL 32714

Title: PD () Change (X) Addition
Name: BELL, BRENDA L
Address: PO BOX 12716
City-St-Zip: FT PIERCE, FL 34979 US

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: SHASTA BELL

STD

05/05/2005

Electronic Signature of Signing Officer or Director

Date