2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# 729418

Entity Name: FLORIDA INDIAN HOBBYIST ASSOCIATION, INC.

Current Principal Place of Business:

172 SE VILLAGE DRIVE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

172 SE VILLAGE DRIVE
PORT ST LUCIE, FL 34952 US

New Mailing Address:

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:

POTTORFF, DAVID M
172 SE VILLAGE DRIVE
PORT ST LUCIE, FL 34952 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, SHASTA	
Address:	548 CAPE COD LANE #304	
City-St-Zip:	ALTOMONTE SPRINGS, FL 32714	
Title:	PD	( ) Delete
Name:	BELL, BRENDA L	
Address:	PO BOX 12716	
City-St-Zip:	FT PIERCE, FL 34979 US	

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:	891 SW APPLEWOOD GLEN	
City-St-Zip:	FT WHITE, FL 32038	
Title:	PD	(X) Change ( ) Addition
Name:	BELL, BRENDA L	
Address:	5375 SW 77TH LOOP	
City-St-Zip:	LAKE BUTLER, FL 32054 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 07/14/2006

Electronic Signature of Signing Officer or Director — Date