2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 30, 2008
Secretary of State

DOCUMENT# 729418

Entity Name: FLORIDA INDIAN HOBBYIST ASSOCIATION, INC.

Current Principal Place of Business:

571 7TH LN SW
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

571 7TH LN SW
VERO BEACH, FL 32962 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:

IRVIN, JACK
699 SW LAKEHURST DR
PORT ST LUCIE, FL 34983 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:	VP	( ) Delete
Name:	SPENCER, RON	
Address:	3696 ELEVEN MILE RD	
City-St-Zip:	FORT PIERCE, FL 34945	
Title:	VP	( ) Delete
Name:	PERRY, AUTUMN	
Address:	41 BROOK CIR	
City-St-Zip:	LEESBURG, FL 34748	
Title:	P	( ) Delete
Name:	IRVIN, JACK	
Address:	699 SW LAKEHURST DR	
City-St-Zip:	PORT ST LUCIE, FL 34983	
Title:	ST	( ) Delete
Name:	PICKETT, JAMIE M	
Address:	571 7TH LANE SW	
City-St-Zip:	VERO BEACH, FL 32962	
Title:	VP	( ) Delete
Name:	POTTERFF, TINA	
Address:	172 SE VILLAGE DR	
City-St-Zip:	PSL, FL 34952	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	( ) Change (X) Addition
Name:	WITMER, JAMES A	
Address:	814 S FED HWY	
City-St-Zip:	LAKE WORTH, FL 33460 US	

I hereby certify that the information supplied with this filing does not qualify 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: JACK IRVIN P 06/30/2008

Electronic Signature of Signing Officer or Director — Date