

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764707

FILED
Apr 23, 2009
Secretary of State

Entity Name: NATIVE AMERICAN HERITAGE GROUP, INC.

Current Principal Place of Business:

22400 NE HIGHWAY 315
FT. MCCOY, FL 32134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 760
WAYNESVILLE, OH 45068

New Mailing Address:

FEI Number: 59-2226249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIBBS, JANET
3440 N E 175 ST ED
CITRA, FL 32113 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: CDP () Delete
Name: BRILL, JOHN M
Address: 22400 NE HIGHWAY 315
City-St-Zip: FT. MCCOY, FL 32134

Title: D () Delete
Name: FRANZ, CHARLES R DIRECTO
Address: 22400 N E HIGHWAY 315
City-St-Zip: FT. MCCOY, FL 32134

Title: STD () Delete
Name: HIBBS, JANET
Address: 3440 NE 175TH STREET ROAD
City-St-Zip: CITRA, FL 32113

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:

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: J. MICHAEL BRILL

DIR

04/23/2009

Electronic Signature of Signing Officer or Director

Date