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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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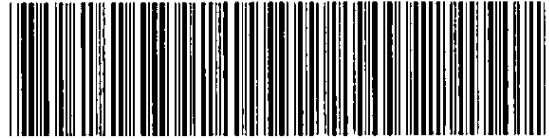
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
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2023 NOV -9 AM 11:27

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2023 NOV -9 PM 4:46

PROPRIETARY OFFICE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

NOV 13 2023

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Native American Church of The Ghost Dancers

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Shelliann Bowne, Exec. Secretary

Name of Person

Native American Church of the Ghost Dancers

Firm/Company

3300 Beloved Path

Pensacola, FL. 32507

Address

City/State and Zip Code

sasbowne@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelli Ann Bowne

at (850) 346-1934

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Native American Church of the Ghost Dancers **Inc.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 68-0651194
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 13, 2007 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 309 Walters Ln, Yreka, CA 96097
(Principal office street address)

3300 Beloved Path, Pensacola, FL 32507
(Current mailing address, if different)

8. Practice Native American Church Traditional Ceremonies and Sacrements and Inter-tribal traditions.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

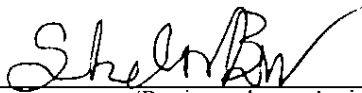
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Shelli Ann Bowne
Office Address: 3300 Beloved Path
Pensacola, Florida 32507
(City) (Zip Code)

2023 NOV -9 AM 11:27
FILED
APPROVED
AHO

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: CEO/James K. Johnson
☐ Vice Chairman Address: Chief Ghost Dancer
☐ Director 3300 Beloved Path
☐ President Pensacola, FL 32507
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Craig Bowne
☐ Vice Chairman Address: Head of Security
☐ Director Programs Developer Director
☒ President 3300 Beloved Path
☐ Vice President Pensacola, FL 32507
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: COO/Robert DuBose
☒ Vice Chairman Address: Vice-Chief of Operations
☐ Director 3300 Beloved Path
☐ President Pensacola, FL 32507
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sharon Anderson
☐ Vice Chairman Address: Director of Sacrements
☐ Director 3300 Beloved Path
☐ President Pensacola, FL 32507
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: CFO/Rebecca Wall
☐ Vice Chairman Address: Chef Financial Officer
☐ Director 3300 Beloved Path
☐ President Pensacola, FL 32507
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Shelli Ann Bowne
☐ Vice Chairman Address: Executive Secretary
☐ Director 3300 Beloved Path
☐ President Pensacola, FL 32507
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Shelli Ann Bowne James K Johnson
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Shelli Ann Bowne James K Johnson
(Typed or printed name and capacity of person signing application)
Executive Secretary, Agent



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: NATIVE AMERICAN CHURCH OF THE GHOST DANCERS
Entity No.: 2922321
Registration Date: 07/13/2007
Entity Type: Nonprofit Corporation - CA - Religious
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix
the Great Seal of the State of California this day of
November 09, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 158209124

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.