2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000006513

INDVOLUTION



May 27, 2003 8:00 am § Secretary of State 05-27-2003 90159 010 ****70.00

FILED

INDITIAN OLUB OF AMERICA, INC.										
Principal Place of Business 9582 BENT OAK COURT JACKSONVILLE FL 32257			9582 E	Mailing Address 9582 BENT OAK COURT JACKSONVILLE FL 32257						
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.			_			
				<u> </u>			CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 59-3	3684287 	<u> </u>	pplied For ot Applicable
Zip	Zip Country		Zíj	Zíp Co		untry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
 L	6. Name	and Address of Curren	t Registere	ed Agent			7. Name and Addres	ss of New Registere	d Agent	
A Company of the Comp						Name				
HAMRICK, MARK A 9582 BENT OAK COURT						Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32257						City			Zip Cod	de
8. 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. I am familiar with, and accept										
	ions of regist			guig to	9,5.0					and decept
SIGNATURE.		or printed name of registered ager	nt and title if app	plicable. (NOTE:	Registere	ed Agent signature required	d when reinstating)	DAT	£ .	
FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contril						· —	\$5.00 May Be Added to Fees		eck Payable eartment of S	
10.		OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	↓ 10
TITLE & NAME * STREET ADDRESS CITY - ST-ZIP		MARK A T OAK COURT VILLE FL 32257		□ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAGLEY, 266 EAST	JAMES H JR		Delete					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D	Garridan Nobia St	45	☐ Delete		ľ		The state of the s	☐ Change	- Addition <
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ľ			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				· · · · · ·	☐ Change	Addition
12. I hereby c	ertify that the	information supplied wit	h this filing	does not qualify for t	he exe	mption stated in Se	ction 119.07(3)(i), Florid	a Statutes. I further	certify that the ir	nformation

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

20 My 03

573-230 XIIIA

SIGNATURE:

573-2300 XIII6