2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90033 029 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N01000008591

1. Entity Name

INDIGENOUS PEOPLE'S TECHNOLOGY AND EDUCATION CENTER, INC.

Principal Place of Business	Mailing Address
10575 SW 147TH CIR. DUNNELLON FL 34432	10575 SW 147TH CIR. DUNNELLON FL 34432

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1157844 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAINT, JESSE
10575 SW 147TH CIR.
DUNNELLON FL 34432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SAINT, STEPHEN 3708 SE 4TH ST. OCALA FL 34471	☐ Delete	Director Smith, Greg 11491 E. Rambling Drive Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP WALRATH, EUGENE 8653--G SW 96TH STREET OCALA FL 34481	☐ Delete	Director Solomon, Timothy 4764 Breezy Pines Blvd Sarasota, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPPD SCHOENIG,-DARRELL 6166 RED RIDGE TRAIL BELLVUE CO 80512	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PETERS, DOUGLAS C 1270 WINDMILL AVE. COLORADO SPRINGS CO 80907	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAINT, JESSE 13151 SW 100TH LANE DUNNELLON FL 34432	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN DER PUY, MARJ 732 MAJONNIER WAY KEYSTONE HEIGHTS FL 32658	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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.

SIGNATURE: Jesse Saint - Jesse Saint 4-8-04 352-465-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #