2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State
02-16-2005 90034 021 ****61.25

DOCUMENT # N01000008591

1. Entity Name
INDIGENOUS PEOPLE'S TECHNOLOGY AND EDUCATION CENTER, INC.

50015765

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

01172005 Chg-NP CR2E037 (10/03)

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

Filing Fee is $61.25
Due by May 1, 2005

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	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAINT, STEPHEN		NAME		
STREET ADDRESS	3708 SE 4TH ST.		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	DEVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALRATH, EUGENE		NAME		
STREET ADDRESS	8653–G SW 96TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP		
TITLE	VPPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHOENIG, DARRELL		NAME		
STREET ADDRESS	6166 RED RIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	BELLVUE, CO 80512		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PETERS, DOUGLAS C		NAME		
STREET ADDRESS	1270 WINDMILL AVE.		STREET ADDRESS		
CITY-ST-ZIP	COLORADO SPRINGS, CO 80907		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAINT, JESSE		NAME		
STREET ADDRESS	13151 SW 100TH LANE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34432		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	VAN DER PUY, MARJ		NAME		
STREET ADDRESS	732 MAJONNIER WAY		STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32658		CITY-ST-ZIP		

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 2-14-05 352-465-4545