2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005528

1. Entity Name
MYSTIC EAGLE CULTURAL ASSOCIATION INC.

Principal Place of Business
1231 BAYSHORE RD.
NOKOMIS, FL 34275

Mailing Address
P.O.BOX 268
NOKOMIS, FL 34275

08042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3857398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORRIS, JULIE M
1231 BAYSHORE RD.
NOKOMIS, FL 34275

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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 September 8, 2004

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

U00000169806
08/09/04 00011 021 61.25

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	NORRIS, JULIE M
STREET ADDRESS	1231 BAYSHORE RD.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	VD
NAME	TACHANTRE, LARRY
STREET ADDRESS	PO BOX 871
CITY-ST-ZIP	VENICE, FL 34285
TITLE	VPD
NAME	LEE, MYRON P
STREET ADDRESS	P.O.BOX 268
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	T
NAME	STUHMER, HELEN
STREET ADDRESS	491 LEACH ST.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	S
NAME	WEST, ANGELIC R
STREET ADDRESS	1231 BAYSHORE RD.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Larry Tachantre 8-9-04 941 408-8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #