


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90083 035 *****70.00

DOCUMENT # N02000007847 1. Entity Name NATIVE HERITAGE GATHERING, INC.					
Principal Place of Business PO BOX 410427 MELBOURNE, FL 32941-0427			Mailing Address PO BOX 410427 MELBOURNE, FL 32941-0427		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-4508361	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PESSARO, MARTHA S 1280 MARSHALL COURT MERRITT ISLAND, FL 32953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <i>Martha S Pessaro - Treasurer</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>1-16-2007</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P WOODSON, JACKIE W 724 IRONWOOD ST DEFUNIAK SPRINGS, FL 32435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODSON, JACKIE W 724 IRONWOOD ST MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIVEBLISS, RITA 2190 COLLEGEVIEW ST. MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILL DAVIS 295 COLUMBIA BLVD. TITUSVILLE, FLORIDA 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PESSARO, MARTHA 1280 MARSHALL CT MERRITT ISLAND, FL 32953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLOPETER, JUDY 3040 DAIRY RD MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Martha S Pessaro - Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>1-16-2007</i> DAYTIME PHONE # <i>321-867-5405</i>	