

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

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



01262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4508361	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PESSARO, MARTHA S  
1280 MARSHALL COURT  
MERRITT ISLAND, FL 32953

*PLEASE MAIL TO Registered Agent*

**DO NOT WRITE  
IN THIS SPACE**

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 *Martha S Pessaro*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1-28-2008*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000809423  
02/08/08-80021-016 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WOODSON, JACKIE W
STREET ADDRESS	724 IRONWOOD ST
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	VP
NAME	DAVIS, WILL
STREET ADDRESS	245 COLUMBIA BLVD
CITY-ST-ZIP	TITUSVILLE, FL 32780

TITLE	T
NAME	PESSARO, MARTHA
STREET ADDRESS	1280 MARSHALL CT
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

TITLE	S
NAME	HOLLOPETER, JUDY
STREET ADDRESS	3040 DAIRY RD
CITY-ST-ZIP	MELBOURNE, FL 32904

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:

*Martha S Pessaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-28-2008 321-452-1671*

Date

Daytime Phone #