2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N03000009528

Entity Name: INTERTRIBAL CULTURAL ARTS SOCIETY INC.

Current Principal Place of Business:

699 N. HWY 301
SUMTERVILLE, FL 33585

New Principal Place of Business:

Current Mailing Address:

P O BOX 490799
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 57-1194086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPPS, THOMAS
699 N. HWY 301
SUMTERVILLE, FL 33585

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LIPPS, THOMAS E	
Address:	699 N. HWY 301	
City-St-Zip:	SUMTERVILLE, FL 33585	
Title:	D	( ) Delete
Name:	LIPPS, TINA	
Address:	699 N. HWY 301	
City-St-Zip:	SUMTERVILLE, FL 33585	
Title:	D	( ) Delete
Name:	MCCULLEN, DAVE	
Address:	34625 CR 468	
City-St-Zip:	FRUITLAND PARK, FL 34731	
Title:	D	( ) Delete
Name:	KUYKENDALL, JAN	
Address:	19835 JASMINE RD	
City-St-Zip:	ALTOONA, FL 32702	
Title:	D	( ) Delete
Name:	CHAMBERS, ROB	
Address:	19835 JASMINE RD	
City-St-Zip:	ALTOONA, FL 32702	
Title:	D	( ) Delete
Name:	ROACH, TERRY	
Address:	31213 RANCH ROAD	
City-St-Zip:	EUSTIS, FL 32736	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA F LIPPS D 04/20/2004

Electronic Signature of Signing Officer or Director — Date