


2008 NOT-FOR-PROFIT CORPORATIO ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000009528	
1. Entity Name INTERTRIBAL CULTURAL ARTS SOCIETY INC.	

Principal Place of Business 699 N. HWY 301 SUMTERVILLE, FL 33585	Mailing Address P O BOX 491462 LEESBURG, FL 34749
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03032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1194086	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIPPS, THOMAS 699 N. HWY 301 SUMTERVILLE, FL 33585	DO NOT WRITE IN THIS SPACE
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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 Thomas E. Lipps Thomas E. Lipps 3/3/08
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000851647 03/25/08-80048-009 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPS, THOMAS E 699 N. HWY 301 SUMTERVILLE, FL 33585
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPS, TINA 699 N. HWY 301 SUMTERVILLE, FL 33585
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLEN, DAVE 34625 CR 468 FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPP, BRENDA 10121 CR 44 LOT 41 LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, AJA 37444 GENIUS CT LADY LAKE, FL 32159
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: <u>Tina F. Lipps</u> <u>TINA F. Lipps</u> 3/3/08 352-565-8202 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
