

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009528

FILED
May 06, 2009
Secretary of State

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 491462
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 57-1194086 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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: TRIPP, BRENDA
Address: 10121 CR 44 LOT 41
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: WIGGINS, AJA
Address: 37444 GENIUS CT
City-St-Zip: LADY LAKE, FL 32159

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: PARKER, VONDA
Address: 2131 NICOLLETT WAY
City-St-Zip: LEESBURG, FL 34748 29

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS E LIPPS

D

05/06/2009

Electronic Signature of Signing Officer or Director

Date