## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2006 8:00 am Secretary of State

	MILLIAM				111661				O tti
DOCUMENT # N0500002664  1. Entity Name WANDERING BEAR POWWOW CORPORATION					Secretary of State 03-06-2006 90023 046 ****61.25				
Principal Place of Business 769 PINE AVE CHATTAHOOCHEE, FL 32324		Mailing Address 769 PINE AVE CHATTAHOOCHEE, FL 32324		·	400	Dilik Bein esin esi	# <b>20</b> # <b>10</b> ## ##	118 BUIT BUI 818	it <b>a</b> i <b>i</b> ta (sai
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006 C	ng-NP	CR2E03	7 (11/05)		
City & State		City & State		·	4. FEI Number   Applied For   Not Applied For				
Zip	Country	Zip	Country	y	5. Certificate of Sta	atus Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren			1	7. Name and Add	ress of New R	legistered /	\gent	
JOHNSON	N. BILL		Nam-			٠,			
769 PINE	ÁVE	Q	Street Addres		(P.O. Box Number is Not Acceptable)				
CHATTAN	100CHEE, FL 32324		· }-		, , , , , , , , , , , , , , , , , , ,				
			-	City	<del> </del>	······································		Zip Code	
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8. The above	named entity submits this statement to tions of registered agent.	for the purpose of changing its	registered o	office or register	red agent, or both, in	the State of Flo	orida. I am i	amiliar with,	and accept
				1					
SIGNATURE		· · · · · · · · · · · · · · · · · · ·		<del> </del>					
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Age	ent signature required	d when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	1	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIF	RECTORS IN	10
TITLE	Р	Delete	TITLE					Change	Addition
NAME	JOHNSON, BILL		NAME						_
STREET ADDRESS CITY-ST-ZIP	769 PINE AVE		STREET AL						
	CHATTAHOOCHEE, FL 32324		CITY-ST-	ZIP					
TITLE NAME	LANG, JERRY	Delete	TITLE NAME					Change	Addition
STREET ADDRESS	1283 PROVIDENCE RD	<b>✓</b>	STREET AL	DDRESS					
CITY-ST-ZIP	WHIGHAM, GA 39897	′	CITY-ST-						
TITLE		☐ Deleta							
NAME	-		TITLE				<del></del>	Change	☐ Addition
STREET ADDRESS			NAME				<del></del>	Change	☐ Addition
1			NAME STREET AC		***************************************			☐ Change	Addition
CITY-ST-ZIP			NAME STREET AC CITY-ST-						
1		☐ Delete	NAME STREET AC					☐ Change	☐ Addition
CITY-ST-ZIP		☐ Delete	STREET ACCITY-ST-	ZIP					
CITY-ST-ZIP TITLE NAME		☐ Delate	NAME STREET AD CITY-ST-; TITLE NAME	ZIP DDRESS					
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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: 3-3-04
SIGNATURE AND TYPED OR PROFITED NAME OF SIGNANG OFFICER OR DIRECTOR Date Daytime Phone 6