

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004173

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** AMERICAN ME'TIS ABORIGINAL ASSOCIATION CHURCH OF THE ME'TIS TRIBE INC.

**Current Principal Place of Business:**

19708 SHELDON ST  
ORLANDO, FL 32833

**New Principal Place of Business:**

**Current Mailing Address:**

19708 SHELDON ST  
ORLANDO, FL 32833

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVERS, DANIEL LEROY  
19708 SHELDON ST  
ORLANDO, FL 32833 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: RIVERS, DANIEL LEROY  
Address: 19708 SHELDON ST  
City-St-Zip: ORLANDO, FL 32833

Title: D ( ) Delete  
Name: VILLANTI, ANTHONY M  
Address: 978 LOCUST AVE NW  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: MURPHY, PATRICK  
Address: 1428 MELROSE ST  
City-St-Zip: COCOA, FL 32922

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK MURPHY

OFFI

04/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date