

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008094

FILED
Jan 28, 2009
Secretary of State

Entity Name: WITHLACOOCHEE NATIVE AMERICAN INDIAN CULTURE, INCORPORATED

Current Principal Place of Business:

35505 HWY 52
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

PO BOX 215
TRILBY, FL 33593

New Mailing Address:

FEI Number: 30-0440648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, SHARON
35505 HWY 52
DADE CITY, FL 33525 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: PD () Delete
Name: THOMAS, SHARON
Address: 35505 HWY 52
City-St-Zip: DADE CITY, FL 33525

Title: VPD () Delete
Name: WOOD, ROBERT
Address: 21314 DURDEN ROAD
City-St-Zip: TRILBY, FL 33593

Title: STD () Delete
Name: WOOD, MITTIE
Address: 21314 DURDEN ROAD
City-St-Zip: DADE CITY, FL 33593

Title: D () Delete
Name: BURTZ, RICHARD
Address: 3003 NORTH WILDER ROAD
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: BURTZ, PAMELA
Address: 3003 NORTH WILDER ROAD
City-St-Zip: PLANT CITY, FL 33563

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: MCMILLAN, JOHNNIE K
Address: 21314 DURDEN ROAD
City-St-Zip: LACOOCHEE, FL 33537

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: SHARON THOMAS

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date