

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUN 15 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002050 (3)

1. Corporation Name

**THE NATIVE AMERICAN TRADITIONS, IDEALS AND VALUE
S EDUCATIONAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 411
ORANGE PARK FL 32067-0411

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ORANGE PARK FL 32067-0411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1993

3a. Date of Last Report

02/16/1994

4. FEI Number

59-3180462

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ **FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIS, H R
1712 BAY CIRCLE WEST
ORANGE PARK FL 32073**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BANKER, BRYAN A**
STREET ADDRESS **458 BLAIRMORE BLVD. WEST**
CITY-ST-ZIP **ORANGE PARK FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D**
NAME **LAFONTAINE, MICHAEL J**
STREET ADDRESS **1706 PATRICIA LANE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **LAFONTAINE, CHRISTOPHER J**
STREET ADDRESS **4831 KALMIA CR.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **WILLIS, RICHARD K**
STREET ADDRESS **422 8TH AVENUE SOUTH**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32050**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D**
NAME **NARCOMY, DAVID W**
STREET ADDRESS **184 ALDERSGATE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D**
NAME **LAFONTAINE, BETTY W**
STREET ADDRESS **1706 PATRICIA LANE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H. Ray Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Ray Willis, Treasurer 6-8-95

Date

904-791-5634

Telephone #

CR2E037 (3/95)