2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90183 046 ****61.25

DOCUMENT # N95000000294

1. Entity Name

NATIVE AMERICAN PEOPLES SOCIETY OF FLORIDA, INC

Principal Place of Business	Mailing Address
833 N. SUMMIT AVE. LAKE HELEN FL 32744	833 N. SUMMIT AVE. LAKE HELEN FL 32744

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3284500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, ELMER M 833 N. SUMMIT AVE. LAKE HELEN FL 32744	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WALLACE, JOHN P O BOX 302 N/A ALTOONA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR, ELMER M 833 N SUMMIT AVE LAKE HELEN FL 32744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SBM ~~THIABEAU, DANESE~~ 833 N. SUMMIT AVE. LAKE HELEN FL 32744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thibodeau, Denice ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRIPP, BRENDA W 10121 CR 44 EAST LEESBURG FL 34788	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD #Gail Duprey Umatilla, Florida 32784 ☒ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRAFT, JODY ~~833 N. SUMMIT AVE.~~ ~~LAKE HELEN FL 32744~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lady Lake, FL 34788 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elmer M Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #