

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90018 015 ****61.25

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1. Entity Name

NATIVE AMERICAN PEOPLES SOCIETY OF FLORIDA, INC



Principal Place of Business

**833 N. SUMMIT AVE.
LAKE HELEN FL 32744**

Mailing Address

**833 N. SUMMIT AVE.
LAKE HELEN FL 32744**

50012136



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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

**TAYLOR, ELMER M
833 N. SUMMIT AVE.
LAKE HELEN FL 32744**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE PD ☐ Delete
NAME TAYLOR, ELMER M
STREET ADDRESS 833 N SUMMIT AVE
CITY-ST-ZIP LAKE HELEN FL 32744

TITLE SBM ☐ Delete
NAME THIBODEAU, DENISE
STREET ADDRESS 833 N. SUMMIT AVE.
CITY-ST-ZIP LAKE HELEN FL 32744

TITLE TD ☐ Delete
NAME DUPREY, GAIL
STREET ADDRESS 10121 CR 44 EAST
CITY-ST-ZIP UMATILLA FL 32784

TITLE VP ☐ Delete
NAME GRAFT, JODY
STREET ADDRESS 833 N. SUMMIT AVE.
CITY-ST-ZIP LADY LAKES FL 34788

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Elmer M Taylor

1 Feb 2005 386-748-3878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #