

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90023 034 ****61.25

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|---|---------------------------------|--|---|--|--|
| DOCUMENT # N95000000294 | | | | | |
| 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 | | |
| 2. Principal Place of Business 581 Cherry Tree Ln | | 3. Mailing Address 581 Cherry Tree Ln | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Deland FL | | City & State Deland FL | | 4. FEI Number 59-3284500 | |
| Zip 32724 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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: TAYLOR, Elmer M Street Address (P.O. Box Number is Not Acceptable): 581 Cherry Tree Ln City: Deland FL Zip Code: 32724 | | |
| 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: <u>Elmer M Taylor</u> DATE: <u>19 Jan 06</u> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 PD NAME TAYLOR, ELMER M STREET ADDRESS 833 N SUMMIT AVE CITY-ST-ZIP LAKE HELEN, FL 32744 | <input type="checkbox"/> Delete | | TITLE PD NAME TAYLOR, Elmer M STREET ADDRESS 581 Cherry Tree Ln CITY-ST-ZIP Deland FL, 32724 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SBM NAME THIBODEAU, DENISE STREET ADDRESS 833 N. SUMMIT AVE. CITY-ST-ZIP LAKE HELEN, FL 32744 | <input type="checkbox"/> Delete | | TITLE SBM NAME Thibodeau Denise STREET ADDRESS 2744 Thornberry CT CITY-ST-ZIP Deltona 327 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME DUPREY, GAIL STREET ADDRESS 10121 CR 44 EAST CITY-ST-ZIP UMATILLA, FL 32784 | <input type="checkbox"/> Delete | | TITLE TD NAME Duprey, Gail STREET ADDRESS 1922 6th West St CITY-ST-ZIP UMATILLA, FL 32784 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME GRAFT, JODY STREET ADDRESS 833 N. SUMMIT AVE. CITY-ST-ZIP LADY LAKES, FL 34788 | <input type="checkbox"/> Delete | | TITLE VP NAME Graft, Jody STREET ADDRESS 428 ALMA ST CITY-ST-ZIP LADY LAKE FL 32159 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE VP NAME MARY D. Braman STREET ADDRESS 316 Bowen St CITY-ST-ZIP EAST Jordan, Mich 49727 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Elmer M Taylor</u> <u>Elmer M Taylor</u> <u>22/Jan/06</u> <u>386-734-3424</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |