## 2006 NOT-FOR-PROFIT CORPORATION

## FILED Jan 25, 2006 8:00 am **ANNUAL REPORT**

DOCUMENT # N95000000294  1. Entity Name NATIVE AMERICAN PEOPLES SOCIETY OF FLORIDA, INC					Secretary 01 State 01-25-2006 90023 034 ****61.25					
Principal Place 833 N. SUM LAKE HELEN		Mailing Address 833 N. SUMMIT AVE. LAKE HELEN, FL 32744								
581 (	Place of Business Cherry Tree LN	3. Malling Address 581 Chevi	ry Trec	LN						
Suite, Apt.		Suite, Apt. #, etc.	• 			Chg-NP	CR2E0	37 (11/05)		
Deha Deha	NO FL	Deland	<i>1</i> =L		4. FEI Number 59-3284	500			oplied For ot Applicable	
3272		32724	Country USF	4	5. Certificate of	Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered	Agent		
TAYLOR, ELMER M 833 N. SUMMIT AVE.				Name TAYLOR, Elmer M Street Address (P.O. Box Number Is Not Acceptable)						
LAKE HEL	.EN, FL 32744		58	<i>I C</i>	herry	Tree	. LN			
			City	Del	and		FL	Zip Cod		
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or	registere	d agent, or both,	in the State of	Florida, I am	familiar with,	and accept	
	• •									
SIGNATURE	Elmes Signature, typed or printed trame of registered agent	M Payle Mappication NOTE:	A Registered Agent algoriti	re required w	ften reinstating)	19	Jas nate	n 06	2	
SIGNATURE	Signature, typed or printed dama of registered agent Filling Fee is \$61.25 Due by May 1, 2006	M Pay 6 and the Mappicable (NOTE:  9. Election Camp Trust Fund Co	paign Financing		5.00 May Be		DATE  Make checorded Depart	n OE		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing	C AL	\$5.00 May Be Added to Fees DDITIONS/CHAN		orlda Depai	rtment of S	tate	
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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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change ☐ Addition

TITLE

MAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: