

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000294

FILED
Jan 29, 2009
Secretary of State

Entity Name: NATIVE AMERICAN PEOPLES SOCIETY OF FLORIDA, INC

Current Principal Place of Business:

581 CHERRY TREE LN.
DELAND, FL 32724

New Principal Place of Business:

ELMER M TAYLOR
581 CHERRY TREE LN
DELAND, FL 32724

Current Mailing Address:

581 CHERRY TREE LN.
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-3284500 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TAYLOR, ELMER M
581 CHERRY TREE LN
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, ELMER M
Address: 581 CHERRY TREE LN
City-St-Zip: DELAND, FL 32724

Title: SBM () Delete
Name: THIBODEAU, DENISE
Address: 2744 THORNBERRY CT.
City-St-Zip: DELAND, FL 32724

Title: TD () Delete
Name: DUPREY, GAIL
Address: 1922 6TH WEST 5TH AVE.
City-St-Zip: UMATILLA, FL 32784

Title: VP () Delete
Name: GRAFT, JODY
Address: 428 ALMA ST.
City-St-Zip: LADY LAKE, FL 32159

Title: VP () Delete
Name: BRAMAN, MARY D
Address: 316 BOWEN ST.
City-St-Zip: EAST JORDAN, MI 49727

Title: VP () Delete
Name: ASHLEY, MARY D
Address: 5105 BLAINE SE
City-St-Zip: KENTWOOD, MI 49508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELMER M TAYLOR

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date