2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
May 22, 2003 8:00 am
Secretary of State

05-01-2003 90265 048 ****61.25

DOCUMENT # N95000000294

1. Entity Name
NATIVE AMERICAN CULTURAL SOCIETY OF FLORIDA, INC

Principal Place of Business	Mailing Address
10121 C.R. 44 EAST LEESBURG FL 34788	P.O. BOX 350699 GRAND ISLAND FL 32735

2. Principal Place of Business	3. Mailing Address
833 N Summit Ave	833 N Summit AU
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Helen, FL	City & State: Lake Helen, FL
Zip: 32744 / Country: US	Zip: 32744 / Country: US.

☐ CHECK HERE IF MAKING CHANGES

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 10121 C.R. 44 EAST LEESBURG FL 34788	Name: Taylor Elmer M Street Address (P.O. Box Number is Not Acceptable): 833 N Summit Ave City: Lake Helen FL Zip Code: 32744

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: Elmer M Taylor — Elmer M Taylor — 28 April 03

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

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALLACE, JOHN	NAME	
STREET ADDRESS	P O BOX 302 N/A	STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	~~PD~~ ☐ Change ☐ Addition
NAME	TAYLOR, ELMER M	NAME	~~TAYLOR Elmer M~~
STREET ADDRESS	~~10121 CR 44 EAST~~ 833 N Summit Ave	STREET ADDRESS	
CITY-ST-ZIP	~~LEESBURG FL~~ Lake Helen 32744	CITY-ST-ZIP	
TITLE	SDM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAYLOR, SHERRY A	NAME	
STREET ADDRESS	10121 CR 44 EAST	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIPPS, THOMAS E	NAME	
STREET ADDRESS	699 N. HWY. 301	STREET ADDRESS	
CITY-ST-ZIP	SUMTERVILLE FL 34788	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TRIPP, BRENDA W	NAME	
STREET ADDRESS	10121 CR 44 EAST	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

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: SIGNATURE REQUIRED Elmer M Taylor — 19 May 03 — 386-228-3665

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