

N95000000294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

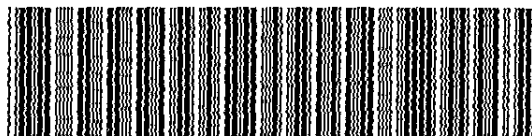
(Document Number)

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06/30/03--01053--014 **35.00

FILED
03 JUN 30 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida _____ in order to change its registered office or registered agent, or both, in the State
of Florida.*

1. The name of the corporation: NATIVE AMERICAN CULTURAL SOCIETY OF FLORIDA, INC

2. The principal office address: P O BOX 490799 LEESBURG, FL 34749-0799

3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 1/23/95 Document number: N95000000294

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

ELMOR M. TAYLOR

833 SUMMIT AVE

LAKE HELEN, FL 32744

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

THOMAS E. LIPPS

699 N HWY 301

(P.O. Box or personal mailbox NOT acceptable)

SUMTERVILLE, FL 33585

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Brenda Tripp
(Signature of an officer, chairman or vice chairman of the board)

Brenda Tripp Treasurer Director
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

Thomas E. Lipps
(Signature of Registered Agent)

6-27-03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA