

3-13-98 B 3253 C
FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N97000006477 (0)

1. Corporation Name

INDIGENOUS PEOPLES OF THE TURTLE CONTINENT, INC.



Principal Place of Business

Mailing Address

184 ALDERSGATE
GREEN COVE SPRINGS FL 32043

184 ALDERSGATE
GREEN COVE SPRINGS FL 32043

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NARCOMIEY, DAVID
184 ALDERSGATE
GREEN COVE SPRINGS FL 32043

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME David Narcomey
1.3 STREET ADDRESS 184 Aldersgate
1.4 CITY-ST-ZIP Green Cove Springs, FL 32043

2.1 TITLE DV ☐ Change ☒ Addition
2.2 NAME Rose Kersey
2.3 STREET ADDRESS Box 19
2.4 CITY-ST-ZIP Middleburg, FL 32050 N/A

3.1 TITLE DV ☐ Change ☒ Addition
3.2 NAME Michele Davis
3.3 STREET ADDRESS 2788 Usina Street
3.4 CITY-ST-ZIP St. Augustine, FL 32095

4.1 TITLE DT ☐ Change ☒ Addition
4.2 NAME Gloria Stratton
4.3 STREET ADDRESS 7030 Knotts Road
4.4 CITY-ST-ZIP Jacksonville, FL 32210

5.1 TITLE DS ☐ Change ☒ Addition
5.2 NAME Elisabeth Miller
5.3 STREET ADDRESS 8220 Bateau Road South
5.4 CITY-ST-ZIP Jacksonville, FL 32216

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Narcomey

2/16/98

CP2E037 (10/97)