

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006477

1. Entity Name

INDIGENOUS PEOPLES OF THE TURTLE CONTINENT, INC.

Principal Place of Business

184 ALDERSGATE  
GREEN COVE SPRINGS FL 32043

Mailing Address

184 ALDERSGATE  
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3494717

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NARCOMY, DAVID  
184 ALDERSGATE  
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 DAVID W. NARCOMY  
Signature, typed or printed name of registered agent and title if applicable.

[Signature]  
(NOTE: Registered Agent signature required when resigning)

7/8/02  
DATE

After September 13, 2002,  
min. will be \$236.25.

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME NARCOMY, DAVID  
STREET ADDRESS 184 ALDERSGATE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE DV ☐ Delete  
NAME KERSEY, ROSE  
STREET ADDRESS BOX 19 N/A  
CITY-ST-ZIP MIDDLEBURG FL 32050

TITLE DV ☐ Delete  
NAME DAVIS, MICHELE  
STREET ADDRESS 2788 USINA ST  
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE DT ☐ Delete  
NAME STRATTON, GLORIA  
STREET ADDRESS 7030 KNOTTS RD  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DS ☐ Delete  
NAME MILLER, ELISABETH  
STREET ADDRESS 8220 BATEAU RD SO  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: DAVID W. NARCOMY 7/8/02 (904) 291-1991

FILED  
Jul 10, 2002 8:00 am  
Secretary of State

07-10-2002 90194 036 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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