ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000292

1. Entity Name
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF WHITE PEOPLE, NATIONAL, INC.

Principal Place of Business
140 OLD AIRPORT ESTATED RD
BOSTWICK, FL 32007

Mailing Address
P.O. BOX T727
CALLAHAN, FL 32011

DO NOT WRITE IN THIS SPACE

01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3533108

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HULBERG, ROBERT K
4810 PARETE CIRCLE DRIVE EAST
JACKSONVILLE, FL 32218

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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 Robert K Hulberg 2-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	WOLFE, RENO
STREET ADDRESS	140 OLD AIRPORT ESTATED RD
CITY-ST-ZIP	BOSTWICK, FL 32007
TITLE	VD
NAME	HAYMAN, TOM
STREET ADDRESS	4307 S CLARK
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	TSD
NAME	BRAY, CLARA
STREET ADDRESS	140 OLD AIRPORT ESTATED RD
CITY-ST-ZIP	BOSTWICK, FL 32007
TITLE	VD
NAME	FARAONE, RICHARD
STREET ADDRESS	4941 GRAND TERRE
CITY-ST-ZIP	MARRERO, LA 700726613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

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02/16/04-80050-019 61.25

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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: Robert K Hulberg