

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90007 039 ****61.25

DOCUMENT # **N98000007264**

1. Corporation Name

FOUNDATION FOR NATIVE STATE, INC.

Principal Place of Business

**133 Garden Ave, North
Clearwater, FL 33755**

Mailing Address

**133 Garden Ave, North
Clearwater, FL 33755**

A0068684



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24 **25** **26** **27** **28** **29** **30**

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28 **29** **30**

3. Date Incorporated or Qualified

12/21/1998

4. FEI Number

59-3556470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**LINDMAN, JOHN MR.
2020 DAWN DR.
CLEARWATER FL 33763**

01 Name

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

03

04 City

FL

05 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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

01 TITLE **D** ☐ DELETE

02 NAME **LINDMAN, JOHN MR.**

03 STREET ADDRESS **2020 DAWN DR.**

04 CITY-STATE-ZIP **CLEARWATER FL 33763**

05 TITLE ☐ DELETE

06 NAME

07 STREET ADDRESS

08 CITY-STATE-ZIP

09 TITLE **D** ☐ DELETE

10 NAME **LETTAU, KATHLEEN MS.**

11 STREET ADDRESS **133 GARDEN AVE. NORTH**

12 CITY-STATE-ZIP **CLEARWATER FL 33755**

13 TITLE ☐ DELETE

14 NAME

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 TITLE ☐ DELETE

18 NAME

19 STREET ADDRESS

20 CITY-STATE-ZIP

21 TITLE ☐ DELETE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 TITLE ☐ Change ☐ Addition

02 NAME

03 STREET ADDRESS

04 CITY-STATE-ZIP ☐ Change ☐ Addition

05 TITLE ☐ Change ☐ Addition

06 NAME

07 STREET ADDRESS

08 CITY-STATE-ZIP ☐ Change ☐ Addition

09 TITLE ☐ Change ☐ Addition

10 NAME

11 STREET ADDRESS

12 CITY-STATE-ZIP ☐ Change ☐ Addition

13 TITLE ☐ Change ☐ Addition

14 NAME

15 STREET ADDRESS

16 CITY-STATE-ZIP ☐ Change ☐ Addition

17 TITLE ☐ Change ☐ Addition

18 NAME

19 STREET ADDRESS

20 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered agent authorized 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 the statement with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-00 727-445-9707

Attachment
N98000007264
ADD 6/26/04
Perfectly
BALANCED
BOOKS



Complete Accounting Services

13 July 2000

Annual Reports Filings
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

RE: Document # N98000007264

Dear Sir or Madam:

Enclosed please find a photocopy of a photocopy that we revised for our 2000 Corporate Annual Filing for the Foundation for Native State, Inc..

We did not get the form from the State of Florida that needs to be filed and only recently discovered it. You will also find enclosed our check in the amount of \$61.25 for the filing of this form. We are assuming that the fee has not changed.

We would appreciate it if you would check your records and make sure the changes per the enclosed form are recorded in your files. If you are in need of further information, please feel free to contact me at the telephone number listed below. Thanks for your assistance in straightening out this matter.

Very truly yours,

Kathleen E. Lettau, Director for
Foundation for Native State, Inc.

Enclosures: Two (2).