

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003344

1. Entity Name
AMERICAN INDIAN CULTURAL SUPPORT, INC.



Principal Place of Business
P.O. BOX 1783
LUTZ, FL 33548

Mailing Address
P.O. BOX 1783
LUTZ, FL 33548

FILED
Mar 24, 2004 08:00 AM
Secretary of State



03022004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3596556

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WICKS, RICHARD
17908 PEPPER TREE LANE
LUTZ, FL 33549

**DO NOT WRITE
IN THIS SPACE**

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

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**

000000095282
03/24/04-80025-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WICKS, RICHARD 17908 PEPPER TREE LANE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORNING STAR, KATHY 409 JOPPA FARM RD. JOPPS, MD 21085
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEMINOLE, BIAH YAZZIE 736 HILLTOP NORTH VIRGINIA BEACH, VA 23451
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PL DAVIS, SKY 132 STRONG ST EASTHAMPTON, MA 01027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Richard Wicks RICHARD WICKS 3-11-2004 813 949-4912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #