

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003344

FILED
Mar 30, 2006
Secretary of State

Entity Name: AMERICAN INDIAN CULTURAL SUPPORT, INC.

Current Principal Place of Business:

P.O. BOX 1783
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1783
LUTZ, FL 33548

New Mailing Address:

FEI Number: 59-3596556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKS, RICHARD
17908 PEPPER TREE LANE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WICKS, RICHARD
Address: 17908 PEPPER TEE LANE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: MORNING STAR, KATHY
Address: 409 JOPPA FARM RD.
City-St-Zip: JOPPS, MD 21085

Title: D () Delete
Name: SEMINOLE, BIAH YAZZIE
Address: 736 HILLTOP NORTH
City-St-Zip: VIRGINIA BEACH, VA 23451

Title: PL () Delete
Name: DAVIS, SKY
Address: 132 STRONG ST
City-St-Zip: EASTHAMPTON, MA 01027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORNING STAR, KATHY
Address: 409 JOPPA FARM RD.
City-St-Zip: JOPPA, MD 21085

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD WICKS

D

03/30/2006

Electronic Signature of Signing Officer or Director

Date