

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008591

Entity Name: INDIGENOUS PEOPLE'S TECHNOLOGY AND EDUCATION CENTER, INC.**FILED**
Mar 19, 2014
Secretary of State
CC6074142111**Current Principal Place of Business:**10575 SW 147TH CIR.
DUNNELLON, FL 34432**Current Mailing Address:**10575 SW 147TH CIR.
DUNNELLON, FL 34432**FEI Number: 65-1157844****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SAINT, JESSE AMR.
10575 SW 147TH CIR.
DUNNELLON, FL 34432 US*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**Officer/Director Detail :**

Title	D/P
Name	SAINT, STEPHEN FMR
Address	12635 SW 112TH ST RD
City-State-Zip:	DUNNELLON FL 34432

Title	D/VP
Name	WALRATH, EUGENE MR.
Address	11240 SW 75TH TERRACE
City-State-Zip:	OCALA FL 34476

Title	DIR
Name	HORST, MARLIN MR.
Address	318 RIDGEVIEW CIRCLE
City-State-Zip:	BIRD IN HAND PA 17505

Title	D/SE
Name	PETERS, DOUGLAS C
Address	1714 RIVEREDGE RD
City-State-Zip:	OVIEDO FL 32766

Title	T
Name	SAINT, JESSE AMR.
Address	12625 SW 112TH ST RD
City-State-Zip:	DUNNELLON FL 34432

Title	DIR
Name	SMITH, GREG MR.
Address	11491 E RAMBLING DR
City-State-Zip:	WELLINGTON FL 33414

Title	VP
Name	TOWNSEND, TROY T
Address	10575 SW 147TH CIR.
City-State-Zip:	DUNNELLON FL 34432

Title	VP
Name	SAINT, JAIME N
Address	3708 SE 4TH STREET
City-State-Zip:	OCALA FL 34471

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I hereby 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 all other like empowered.

SIGNATURE: JESSE SAINT**TREASURER****03/19/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON, VERNON
Address 5573 MARK COURT SE
City-State-Zip: SALEM OR 97317

Title DIRECTOR
Name NICHOLS, DAVID
Address 8790 BRASHER RD
City-State-Zip: PINSON AL 35126