

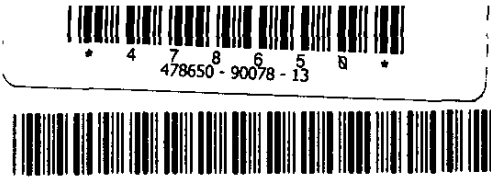
FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90078 013 \*\*\*\*61.25

04/13/99

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N97000002359</b>			
1. Corporation Name <b>ECHOES OF THE ANCESTORS, INC.</b>			
Principal Place of Business 1661 WOODLAND AVE WINTER PARK FL 32789		Mailing Address 1661 WOODLAND AVE WINTER PARK FL 32789	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/25/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3449271</b>	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>LOSEY, MOLLY F</b> <b>1661 WOODLAND AVE</b> <b>WINTER PARK FL 32789</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
<b>FL</b>					

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOME, MALIDOMA P</b>	1.2 NAME	
STREET ADDRESS	<b>33 CHINEY ROCK</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAKLAND CA 94605</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOME, SOBONFU E</b>	2.2 NAME	
STREET ADDRESS	<b>33 CHINEY ROCK</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAKLAND CA 94605</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOSEY, MOLLY F</b>	3.2 NAME	
STREET ADDRESS	<b>1661 WOODLAND AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKINSON, STEPHANIE</b>	4.2 NAME	
STREET ADDRESS	<b>1221 HIDDEN COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHEATON IL 60187</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTENSEN, TOBY</b>	5.2 NAME	
STREET ADDRESS	<b>3504 125TH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VANCOUVER WA 90686</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAUSS, HARRY</b>	6.2 NAME	
STREET ADDRESS	<b>28704 SOUTH MERIDIAN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AURORA OR 97002</b>	6.4 CITY-ST-ZIP	

14. 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 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 receiver or trustee empowered 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 an attachment with an address, with all other like empowered.

SIGNATURE: Molly Losey SIGNATURE REQUIRED [Signature] Date 4-28/99 Daytime Phone # 645-3428

CR2E037 (11/98)