

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002359

FILED  
Jul 20, 2005  
Secretary of State

Entity Name: ECHOES OF THE ANCESTORS, INC.

**Current Principal Place of Business:**

1661 WOODLAND AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

1 LOS PINOS  
NICASIO, CA 94946

**Current Mailing Address:**

1661 WOODLAND AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

1 LOS PINOS  
NICASIO, CA 94946

FEI Number: 59-3449271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOSEY, MOLLY F  
1661 WOODLAND AVE  
WINTER PARK, FL 32789      US

**Name and Address of New Registered Agent:**

BOCKLEY, MARK W  
1 LOS PINOS  
NICASIO, FL 94946      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: MARK BOCKLEY

07/20/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D      ( ) Delete  
Name: SOME, MALIDOMA P  
Address: 236 W. EAST AVE., STE. A., PMB 199  
City-St-Zip: CHICO, CA 95926

Title: S/D      ( ) Delete  
Name: LOSEY, MOLLY F  
Address: 1661 WOODLAND AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: T/D      ( ) Delete  
Name: BOCKLEY, MARK  
Address: 1 LOS PINOS  
City-St-Zip: NICASIO, CA 94946

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S/D      (X) Change ( ) Addition  
Name: MARK, BOCKLEY M  
Address: 1 LOS PINOS  
City-St-Zip: NICASIO, CA 94946

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 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 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: MARK BOCKLEY

DIR

07/20/2005

Electronic Signature of Signing Officer or Director

Date