

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2007
Secretary of State

DOCUMENT# N97000002359

Entity Name: ECHOES OF THE ANCESTORS, INC.

Current Principal Place of Business:

236 W EAST AVE
CHICO, CA 95926

New Principal Place of Business:

250 BLY HOLLOW ROAD
CHERRY PLAIN, NY 12040 US

Current Mailing Address:

ECHOS OF THE ANCESTORS
4062 AUGUSTA LA
CHICO, CA 95973

New Mailing Address:

ECHOES OF THE ANCESTORS/P. SOME
PO BOX 123
LORANE, OR 97451

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:

DRAKE, GARY
1600 NE 64TH
FORT LAUDERDALE, FL 33334 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: P/D () Delete
Name: SOME, MALIDOMA P
Address: 236 W EAST AVE
City-St-Zip: CHICO, CA 95926

Title: S () Delete
Name: BURNS, VICKI
Address: 236 W EAST AVE A-199
City-St-Zip: CHICO, CA 95926

Title: T/D () Delete
Name: WALKER, ROBERT D
Address: 250 BLY HOLLOW RD BOX 82
City-St-Zip: CHERRY PLAIN, NY 12040

Title: D () Delete
Name: MARSHALL, MELINDA
Address: 4062 AUGUSTA LN
City-St-Zip: CHICO, CA 95973

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SOME, MALIDOMA P
Address: PO BOX 123
City-St-Zip: LORANE, OR 97451

Title: S (X) Change () Addition
Name: BARTLETT, VICKI
Address: PO BOX 123
City-St-Zip: LORANE, OR 97451

Title: T/D (X) Change () Addition
Name: WALKER, ROBERT D
Address: 250 BLY HOLLOW RD BOX 82
City-St-Zip: CHERRY PLAIN, NY 12040

Title: D (X) Change () Addition
Name: MARSHALL, MELINDA
Address: PO BOX 123
City-St-Zip: LORANE, OR 97451

I hereby certify that the information supplied with this filing does not qualify 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: VICKI BARTLETT

S

06/09/2007

Electronic Signature of Signing Officer or Director

Date