

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000006727**

**1. Entity Name**

**SACRED LANDS PRESERVATION AND EDUCATION, INC.**



**Principal Place of Business**

**1620 PARK ST NO  
ST PETERSBURG, FL 33710**

**Mailing Address**

**1620 PARK ST NO  
ST PETERSBURG, FL 33710**

**DO NOT WRITE IN THIS SPACE**



04052006 No Chg-NP

CR2E037 (11/05)

**4. FEI Number**

**75-3022079**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ANDERSON, DORIS  
1620 PARK ST NO  
ST PETERSBURG, FL 33710**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME ANDERSON, ERIK  
STREET ADDRESS 1620 PARK ST NO  
CITY-ST-ZIP ST PETERSBURG, FL 33710**

**TITLE D  
NAME ANDERSON, DORIS  
STREET ADDRESS 1620 PARK ST NO  
CITY-ST-ZIP ST PETERSBURG, FL 33710**

**TITLE D  
NAME NOVOA, KALIKA  
STREET ADDRESS 8371 42ND AVE NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 33709**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U00000505785  
04/26/06-80128-022 70.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered**

**SIGNATURE: Doris Anderson Doris Anderson**

**4/6/06**

**(727)347-7353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #