

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 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



04132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3022079	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, ERIK 1620 PARK ST NO ST PETERSBURG, FL 33710
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, DORIS 1620 PARK ST NO ST PETERSBURG, FL 33710
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOVOA, KALIKA 8371 42ND AVE NORTH ST PETERSBURG, FL 33709
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/03/07-80013-011 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 (727) 347-7353
Date Daytime Phone #