

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
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



04122008 No Chg-NP CR2E037 (4/06)

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000902015
04/29/08-80090-010 70.00

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

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/08 (727) 347-7353
Date Daytime Phone #