

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003177

FILED
Apr 15, 2008
Secretary of State

Entity Name: SOVEREIGN NATIONS CULTURAL PRESERVATION CENTER, INC.

Current Principal Place of Business:

134 PADDINGTON ROAD
VENICE, FL 342934116

New Principal Place of Business:

Current Mailing Address:

3220 MAPLE DRIVE
FON DU LAC RESERVATION
CLOQUET, MN 55720

New Mailing Address:

FEI Number: 59-3567690 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NAHGAHNUB, KIM
134 PADDINGTON ROAD
VENICE, FL 342934116 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: D () Delete
Name: NAHGAHNUB, KIM L
Address: 3220 MAPLE DR
City-St-Zip: CLOQUET, MN 55720

Title: D () Delete
Name: NAHGAHNUB, KIM L
Address: 3220 MAPLE DRIVE
City-St-Zip: CLOQUET, MN 55720

Title: D () Delete
Name: SORDILEIGH, GERRARD
Address: PO BOX 126
City-St-Zip: ESKO, MN 55733

Title: D () Delete
Name: WILSON, ANNETTE
Address: 5600 4TH STREET NE
City-St-Zip: MINNEAPOLIS, MN 55432

Title: D () Delete
Name: NAHGAHNUB, KALEY
Address: 4213 E 2ND STREET
City-St-Zip: SUPERIOR, WI 54880

Title: D () Delete
Name: RANDA, TAMMY
Address: 318 4TH STREET
City-St-Zip: CLOQUET, MN 55720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: KIM NAHGAHNUB

RA

04/15/2008

Electronic Signature of Signing Officer or Director

Date