

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006321

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** THE ASSOCIATION FOR TRIBAL HERITAGE, INC.

**Current Principal Place of Business:**

453 RIVERSIDE DR  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

453 RIVERSIDE DR  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-0973759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RACHEL TRIBBLE  
453 RIVERSIDE DRIVE  
STUART, FL 34994 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: PD ( ) Delete  
Name: TRIBBLE, TERRY P  
Address: 453 RIVERSIDE DRIVE  
City-St-Zip: STUART, FL 34994

Title: VPD ( ) Delete  
Name: HALL, TEX G  
Address: BOX 565  
City-St-Zip: MANDAREE, ND 58757

Title: STD ( ) Delete  
Name: JOHNSON, TIFFANY  
Address: BOX 584  
City-St-Zip: MANDAREE, ND 58757

Title: TREA ( ) Delete  
Name: TRIBBLE, JODI R  
Address: 453 RIVERSIDE DRIVE  
City-St-Zip: STUART, FL 34994

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRY P. TRIBBLE

PD

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date