2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N99000006321

Entity Name: THE ASSOCIATION FOR TRIBAL HERITAGE, INC.

Current Principal Place of Business:

453 RIVERSIDE DR
STUART, FL 34994

New Principal Place of Business:

453 SE RIVERSIDE DRIVE
STUART, FL 34994

Current Mailing Address:

453 RIVERSIDE DR
STUART, FL 34994

New Mailing Address:

453 SE RIVERSIDE DRIVE
STUART, FL 34994

FEI Number: 65-0973759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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 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 TRIBBLE PD 04/22/2008

Electronic Signature of Signing Officer or Director — Date