
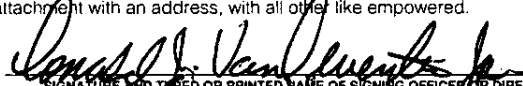


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90017 005 ****70.00

DOCUMENT # N96000004318			
1. Entity Name THE VILLAGE OF MANY TRIBES, INC.			
Principal Place of Business 765 3RD AVE. BLDG. C WELAKA FL 32193 US		Mailing Address 1208 S HWY 17 SATSUMA FL 32189 US	
2. Principal Place of Business 1208 S. Hwy. 17		3. Mailing Address 1208 S. Hwy 17	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SATSUMA, FL.		City & State SATSUMA, FL.	
Zip 32189	Country PUTNAM	Zip 32189	Country PUTNAM
6. Name and Address of Current Registered Agent VANDEVENTER, DONALD J 1208 S HWY 17 SATSUMA FL 32189		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANDEVENTER, DONALD J 1208 S HWY 17 SATSUMA FL 32189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VANDEVENTER, GAIL H 1208 S HWY 17 SATSUMA FL 32189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARRIGONI, THOMAS 140 SHELL HARBOUR RD SATSUMA FL 32189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMERO, FRANCIS CLEARWATER DR E PALATKA FL 32177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANI VANDEVENTER 1208 S. Hwy 17 SATSUMA, FL 32189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, THOMAS E 8811 S ORANGE AVENUE ORLANDO FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DVALERIE HUGHES 1208 S. Hwy 17, SATSUMA, FL 32189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DEVENTER, JESSIE 1208 S HWY 17 SATSUMA FL 32189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		2/12/04 386-649-5453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	