2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N96000004318

Entity Name: THE VILLAGE OF MANY TRIBES, INC.

Current Principal Place of Business:

377 CR 309
SATSUMA, FL 32189 US

New Principal Place of Business:

Current Mailing Address:

377 CR 309
SATSUMA, FL 32189 US

New Mailing Address:

FEI Number: 59-3414335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDEVENTER, DONALD J
377 CR 309
SATSUMA, FL 32189 US

Name and Address of New Registered Agent:

ARRIGONI, THOMAS J
377 CR 309
SATSUMA, FL 32189 US

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: THOAMS ARRIGONI 03/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VANDEVENTER, DONALD J
Address: 377 CR 309
City-St-Zip: SATSUMA, FL 32189

Title: ST ( ) Delete
Name: HUGHS, VALERIE
Address: 377 CR 309
City-St-Zip: SATSUMA, FL 32189

Title: VP (X) Delete
Name: ARRIGONI, THOMAS J
Address: 377 CR 309
City-St-Zip: SATSUMA, FL 32189

Title: D (X) Delete
Name: SIMMONS, TROY A
Address: 377 CR 309
City-St-Zip: SATSUMA, FL 32189

Title: D (X) Delete
Name: KURZON, DANIELLE V
Address: 377 CR 309
City-St-Zip: SATSUMA, FL 32189

Title: D (X) Delete
Name: VAN DEVENTER, JESSIE C
Address: 377 CR 309
City-St-Zip: SATSUMA, FL 32189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: ARRIGONI, THOMAS J
Address: 377 CR 309
City-St-Zip: SATSUMA, FL 32189

Title: S (X) Change ( ) Addition
Name: HUGHS, VALERIE
Address: 181 LAKE ST
City-St-Zip: POMONA PARK, FL 32181

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: THOMAS ARRIGONI PT 03/06/2009
Electronic Signature of Signing Officer or Director Date