

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000008011

1. Entity Name
EKNV HVTKE TRIBAL TOWN, INC.



Principal Place of Business
4804 DEERRUNN DR.
TALLAHASSEE, FL 32303

Mailing Address
4804 DEERRUNN DR.
TALLAHASSEE, FL 32303

FILED
07 JAN 12 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 No Chg-NP CR2E037 (4/06) 07

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1654417

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENTON, DANIEL T
4804 DEERRUNN DR.
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADAMS, DORIS H
STREET ADDRESS	3710 E. 5TH ST.
CITY-ST-ZIP	SPRINGFIELD, FL 32401
TITLE	D
NAME	RAMSEY, ANDREW BOGGS
STREET ADDRESS	641 N. CENTRAL AVE.
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	D
NAME	PENTON, DANIEL T
STREET ADDRESS	4804 DEERRUNN DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200085632622
01/23/07--01003--003 **70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel T. Penton

Date

1-12-07 (850) 575-1800

Daytime Phone #