

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N01000008011

1. Entity Name

EKVVV HVTKE TRIBAL TOWN, INC.



Principal Place of Business

4804 DEERRUNN DR.  
TALLAHASSEE, FL 32303

Mailing Address

4804 DEERRUNN DR.  
TALLAHASSEE, FL 32303



01072008 No Chg-NP

CR2E037 (4/06)

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000791858  
01/23/08-80094-003 70.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

1/18/08 (850) 562-2661

Daytime Phone #