


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

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000000757</b>	
1. Entity Name <b>SUMTER NATIVE AMERICAN FAMILY TRIBE, INC.</b>	

Principal Place of Business <b>5904 CR 551A BUSHNELL, FL 33513</b>	Mailing Address <b>P.O. BOX 715 BUSHNELL, FL 33513</b>
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**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-0783382</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HART, IMOGENE 4355 SW 129TH BLVD WEBSTER, FL 33597</b>
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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: <i>Imogene Hart</i> = <b>IMOGENE HART</b> <small>Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <b>JANUARY 22, 2007</b>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OXENDINE, HOWARD W P.O. BOX 715 BUSHNELL, FL 33513</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OXENDINE, ESLIE H P.O. BOX 715 BUSHNELL, FL 33513</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HART, DIAN K 1901 E LINDA ST PLANT CITY, FL 33566</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HART, IMOGENE 4355 SW 129TH BLVD WEBSTER, FL 33597</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000611080  
02/02/07-80045-002 61.25

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: <i>Imogene Hart</i> = <b>IMOGENE HART</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <b>1-22-07</b> <b>352-569-9160</b> <small>Daytime Phone #</small>