

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000000757

1. Entity Name

SUMTER NATIVE AMERICAN FAMILY TRIBE, INC.



Principal Place of Business

5904 CR 551A
BUSHNELL, FL 33513

Mailing Address

P.O. BOX 715
BUSHNELL, FL 33513



02012008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0783382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, IMOGENE
4355 SW 129TH BLVD
WEBSTER, FL 33597

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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 Imogene Hart - IMOGENE HART - TREASURER - Feb. 3-2008
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

10. OFFICERS AND DIRECTORS

TITLE D
NAME OXENDINE, HOWARD W
STREET ADDRESS P.O. BOX 715
CITY-ST-ZIP BUSHNELL, FL 33513

TITLE D
NAME OXENDINE, ESLIE H
STREET ADDRESS P.O. BOX 715
CITY-ST-ZIP BUSHNELL, FL 33513

TITLE D
NAME HART, DIAN K
STREET ADDRESS 1901 E LINDA ST
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE T
NAME HART, IMOGENE
STREET ADDRESS 4355 SW 129TH BLVD
CITY-ST-ZIP WEBSTER, FL 33597

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000821144
02/19/08-80012-010 61.25

**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: Imogene Hart - IMOGENE HART Feb. 3-2008 352-569-9160
Signature and typed or printed name of signing officer or director Date Daytime Phone #