

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000757

FILED
Feb 05, 2009
Secretary of State

Entity Name: SUMTER NATIVE AMERICAN FAMILY TRIBE, INC.

Current Principal Place of Business:

5904 CR 551A
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 715
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 20-0783382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OXENDINE, HOWARD W
Address: P.O. BOX 715
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: OXENDINE, ESLIE H
Address: P.O. BOX 715
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: HART, DIAN K
Address: 1901 E LINDA ST
City-St-Zip: PLANT CITY, FL 33566

Title: T () Delete
Name: HART, IMOGENE
Address: 4355 SW 129TH BLVD
City-St-Zip: WEBSTER, FL 33597

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: IMOGENE HART

T

02/05/2009

Electronic Signature of Signing Officer or Director

Date