

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1996.
 AMOUNT DUE ON OR BEFORE 09/30/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Oct 08 1998 8:00am
 Secretary of State

DOCUMENT # N96000004318 (9)

1. Corporation Name:
 THE VILLAGE OF MANY TRIBES, INC.

Principal Place of Business

1541 SCOTTY'S RD.
 KISSIMMEE FL 34744

Mailing Address

1541 SCOTTY'S RD.
 KISSIMMEE FL 34744

2. Principal Place of Business

21 | 140 SHELL HARBOUR ROAD
 Suite, Apt. #, etc.

22 | A
 City & State

23 | SATSUMA, FLORIDA
 Zip Country

24 | 32189 | 25 | U.S.A.

2a. Mailing Address

26 | 140 SHELL HARBOUR ROAD
 Suite, Apt. #, etc.

27 | A
 City & State

28 | SATSUMA, FLORIDA
 Zip Country

29 | 32189 | 30 | U.S.A.

9. Name and Address of Current Registered Agent

VANDEVENTER, DONALD J
 1541 SCOTTY'S RD. 140 SHELL HARBOUR RD.
 KISSIMMEE FL 34744 SUITE A
 SATSUMA, FL 32189

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|------------|
| TITLE | D | [] DELETE |
| NAME | VANDEVENTER, DONALD J | |
| STREET ADDRESS | 1541 SCOTTY'S RD. | |
| CITY-STATE-ZIP | KISSIMMEE FL 34744 | |
| TITLE | D | [X] DELETE |
| NAME | VANDEVENTER, GAIL | |
| STREET ADDRESS | 1541 SCOTTY'S RD | |
| CITY-STATE-ZIP | KISSIMMEE FL 34744 | |
| TITLE | D | [] DELETE |
| NAME | VANDEVENTER, JESSE C | |
| STREET ADDRESS | 1617 MAJESTIC OAK DR | |
| CITY-STATE-ZIP | APOPKA FL 32712 | |
| TITLE | [] DELETE | |
| NAME | [] DELETE | |
| STREET ADDRESS | [] DELETE | |
| CITY-STATE-ZIP | [] DELETE | |
| TITLE | [] DELETE | |
| NAME | [] DELETE | |
| STREET ADDRESS | [] DELETE | |
| CITY-STATE-ZIP | [] DELETE | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|---------------------------------|--------------|--------------|
| 1. TITLE | CHAIRMAN & DIRECTOR | [X] Change | [] Addition |
| 2. NAME | VANDEVENTER, DONALD J | | |
| 3. STREET ADDRESS | 140 SHELL HARBOUR ROAD, Suite A | | |
| 4. CITY-STATE-ZIP | SATSUMA, FLORIDA 32189 | | |
| 5. TITLE | CO-CHAIRMAN & DIRECTOR | [] Change | [X] Addition |
| 6. NAME | IRZECIAK, DAVID L. | | |
| 7. STREET ADDRESS | 1106 SE 35TH AVENUE | | |
| 8. CITY-STATE-ZIP | OCALA, FLORIDA 34471 | | |
| 9. TITLE | DIRECTOR | [] Change | [X] Addition |
| 10. NAME | STRAUDER, WALLACE L. | | |
| 11. STREET ADDRESS | 4280 NE 34TH COURT | | |
| 12. CITY-STATE-ZIP | OCALA, FLORIDA 34479 | | |
| 13. TITLE | DIRECTOR | [] Change | [X] Addition |
| 14. NAME | STRAUDER, BOBBIE D. | | |
| 15. STREET ADDRESS | 4280 NE 34TH COURT | | |
| 16. CITY-STATE-ZIP | OCALA, FLORIDA 34479 | | |
| 17. TITLE | [] Change | [] Addition | |
| 18. NAME | [] Change | [] Addition | |
| 19. STREET ADDRESS | [] Change | [] Addition | |
| 20. CITY-STATE-ZIP | [] Change | [] Addition | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recipient of trustee powers to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donnie Kean Burch*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/98 904-167-2586
 Date Daytime Phone #

CR2E037 (5/98)