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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000004318

1. Corporation Name

THE VILLAGE OF MANY TRIBES, INC.

Principal Place of Business

Mailing Address

140 SHELL HARBOUR ROAD
 SUITE A
 SATSUMA FL 32189
 US

140 SHELL HARBOUR ROAD
 SUITE A
 SATSUMA FL 32189
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/16/1996

23 City & State

27 City & State

4. FEI Number

Applied For

24 Zip Country

28 Zip Country

59-3414335

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDEVENTER, DONALD J
 140 SHELL HARBOUR ROAD
 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 617.1508, 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 617.1503, Florida Statutes.

SIGNATURE

Donald J. Vandeventer
 Signature, typed or printed name of registered agent and title if applicable.

DONALD J VANDEVENTER 4/20/99
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD DELETE
 NAME VANDEVENTER, DONALD J
 STREET ADDRESS 140 SHELL HARBOUR ROAD, SUITE A
 CITY-ST-ZIP SATSUMA FL 32189

1.1 TITLE DIRECTOR Change Addition
 1.2 NAME DEBORAH GNIADK
 1.3 STREET ADDRESS ROUTE 2 BOX 147...
 1.4 CITY-ST-ZIP CRESCENT CITY, FLORIDA 32112

TITLE CD DELETE
 NAME TRZECIAK, DAVID L.
 STREET ADDRESS 1106 S.E. 35TH AVE.
 CITY-ST-ZIP OCALA FL 34471

2.1 TITLE DIRECTOR Change Addition
 2.2 NAME TRACY WALTERS
 2.3 STREET ADDRESS ROUTE 2 BOX 147
 2.4 CITY-ST-ZIP CRESCENT CITY, FLORIDA 32112

TITLE D DELETE
 NAME VANDEVENTER, JESSE C
 STREET ADDRESS 1617 MAJESTIC OAK DR
 CITY-ST-ZIP APOPKA FL 32712

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME STRAWDER, WALLACE L.
 STREET ADDRESS 4280 N.E. 34TH COURT
 CITY-ST-ZIP OCALA FL 34479

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME STRAWDER, BOBBIE D.
 STREET ADDRESS 4280 N.E. 34TH COURT
 CITY-ST-ZIP OCALA FL 34479

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 receiver or trustee empowered 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, with all other like empowered.

SIGNATURE:

Donald J. Vandeventer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 904-407-2330
 DATE Daytime Phone #

CR2E037_ (11/98)

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