2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000004318  1. Entity Name  THE VILLAGE OF MANY TRIBES, INC.					Feb/14/2005 08:00 AN Secretary of State		
Principal Place of Business 1208 S. HWY 17 SATSUMA FL 32189 US		Mailing Address 1208 S. HWY 17 SATSUMA FL 32189 US					
2. Principal Place of Business 3. Mailing Address			<del></del>				
, Suite, Apt, #, etc.		Suite, Apt. #, etc.		1st Mo	1st MOORE CR2E037 (10/04)		
City & State		City & State		4. FEi Number	59-3414335	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of St	¢9.75	Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Nan Nan Nan							
VANDEVENTER, DONALD J 1208 S HWY 17 SATSUMA FL 32189			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City	<del></del>	<b>F</b> ₃ Zip C	ada	
8. The above named entity submits this statement for the purpose of changing its register			1 '	r L			
the obliga	e named entity submits this statement for itions of registered agent.	the purpose of changing its re	egistered office or regi	listered agent, or both, in	the State of Florida. I am familiar wi	th, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registered Agent signature rec	quired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25  Due By May 1, 2005  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	Make Check Payab Florida Department o		
10.	OFFICERS AND DIR	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VANDEVENTER, DONALD J 1208 S HWY 17 SATSUMA FL 32189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	02.	□ Chang UUUUUU23V313 /15/US-8VU38-V1/ /V.		
TITLE NAME STREET ADDRESS CITY - ST- ZIP	ST VANDEVENTER, GAIL H 1208 S HWY 17 SATSUMA FL 32189	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-71P		☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARRIGONI, THOMAS 140 SHELL HARBOUR RD SATSUMA FL 32189	□ Delete	TITLE NAME SIRFFI ADDRESS CITY-SI-ZIP		Chang	e ∏ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDEVENTER, DANI 1208 S. HWY 17 SATSUMA FL 32189	□ Delele	TITLE NAME STREET ADDRESS CITY: ST:- ZiP		☐ Chang	e 🔲 Addition	
TULLE NAME STREET ADDRESS CITY+ST+ZIP	HUGHS, VALERIZ 1208 S. HWY 17 SATSUMA FL 32189	☐ Delete	TITLE NAME STREET ADGRESS CITY-ST-ZIP		☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.   hereby	VAN DEVENTER, JESSIE 1208 S HWY 17 SATSUMA FL 32189  certify that the information supplied with the on this report or supplemental report is	Delete	TITITE  NAME  STREET ADDRESS  CITY-SI-ZIP	n Section 119 07/3/m El	Chang		

FILED

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 attagramment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED DIFFRINTED MAME OF SIGNING OFFICER OR DIRECTOR

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