


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004318
 1. Entity Name
THE VILLAGE OF MANY TRIBES, INC.



Principal Place of Business Mailing Address
 1208 S. HWY 17 1208 S. HWY 17
 SATSUMA FL 32189 SATSUMA FL 32189
 US US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number **59-3414335** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VANDEVENTER, DONALD J
1208 S HWY 17
SATSUMA FL 32189

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 *Donald J Vandeventer* of 01/30/06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's initials required when reissuing) GAIL

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	VANDEVENTER, DONALD J	
STREET ADDRESS	1208 S HWY 17	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VANDEVENTER, GAIL H	
STREET ADDRESS	1208 S HWY 17	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARRIGONI, THOMAS	
STREET ADDRESS	140 SHELL HARBOUR RD	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDEVENTER, DANI	
STREET ADDRESS	1208 S. HWY 17	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHS, VALERIZ	
STREET ADDRESS	1208 S. HWY 17	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN DEVENTER, JESSIE	
STREET ADDRESS	1208 S HWY 17	
CITY-ST-ZIP	SATSUMA FL 32189	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.