

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State



DOCUMENT # N06000004318 1. Entity Name THE VILLAGE OF MANY TRIBES, INC.	
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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number	59-3414335	Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$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: <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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: *N/A* (NOTE: Registered Agent signature required when re-registering) DATE:

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P	VANDEVENTER, DONALD J 1208 S HWY 17 SATSUMA FL 32189	TITLE:	U00000633380 02/21/07-80059-013 70.00
TITLE: ST	VANDEVENTER, GAIL H 1208 S HWY 17 SATSUMA FL 32189	TITLE:	
TITLE: VP	ARRIGONI, THOMAS 140 SHELL HARBOUR RD SATSUMA FL 32189	TITLE:	
TITLE: D	VANDEVENTER, DANI 1208 S. HWY 17 SATSUMA FL 32189	TITLE:	
TITLE: D	HUGHS, VALERIZ 1208 S. HWY 17 SATSUMA FL 32189	TITLE:	
TITLE: D	VAN DEVENTER, JESSIE 1208 S HWY 17 SATSUMA FL 32189	TITLE:	

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.

SIGNATURE: *Donald S. VanDeventer* 2/4/07 382/649-5453