

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90043 018 ****70.00

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DOCUMENT # N96000004318

1. Entity Name
THE VILLAGE OF MANY TRIBES, INC.



Principal Place of Business
**714 ST JOHNS AV
PALATKA FL 32177
US**

Mailing Address
**1208 S HWY 17
SATSUMA FL 32189
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**765 3RD AVE
Suite, Apt. #, etc.
Bldg. C
City & State
WELAKA, FL.**

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-3414335**
Applied For
 Not Applicable

Zip **32193** Country **UNITED STATES**

Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25 ✓

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		<input type="checkbox"/> Delete
TITLE	P	
NAME	VANDEVENTER, DONALD J	
STREET ADDRESS	1208 S HWY 17	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	ST	
NAME	VANDEVENTER, GAIL H	
STREET ADDRESS	1208 S HWY 17	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	VP	
NAME	ARRIGONI, THOMAS	
STREET ADDRESS	140 SHELL HARBOUR RD	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	
NAME	PALMERO, FRANCIS	
STREET ADDRESS	CLEARWATER DR	
CITY-ST-ZIP	E PALATKA FL 32177	
TITLE	D	
NAME	HENDERSON, THOMAS E	
STREET ADDRESS	8811 S ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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 J. VanDeventer 1/20/03 386-467-8861
SIGNATURE AND TYPE OR ENTER NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)