

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004600

FILED  
Jul 16, 2008  
Secretary of State

**Entity Name:** THE TRIBAL TRUST FOUNDATION, INC.

**Current Principal Place of Business:**

1801 S.FLAGLER  
APARTMENT 707  
W. PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX 5687  
SANTA BARBARA, CA 93150

**New Mailing Address:**

**FEI Number:** 59-3528567      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ELISOFFON, JILL  
1801 S. FLAGLER  
APT. 707  
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/T ( ) Delete  
Name: SAVAGE, BARBARA  
Address: 1123 CAMINO VIEJO  
City-St-Zip: SANTA BARBARA, CA 93108

Title: VP/S ( ) Delete  
Name: ELISOFFON, JILL  
Address: 1801 SOUTH FLAGLER, APT. 707  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: DEWART, NIKI  
Address: P.O. BOX 296  
City-St-Zip: LYONS, CO 80540

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SAVAGE

DIR

07/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date