

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704638

FILED
Jan 09, 2006
Secretary of State

Entity Name: MANATEE GLENS CORPORATION

Current Principal Place of Business:

391 6TH AVENUE W
BRADENTON, FL 34205 US

New Principal Place of Business:

Current Mailing Address:

391 6TH AVENUE W
P.O. BOX 9478
BRADENTON, FL 342069478 US

New Mailing Address:

FEI Number: 59-1009537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNOWLES, TIMOTHY A.
1205 MANATEE AVENUE W.
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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: CD () Delete
Name: SHINGLEDECKER, CONSTANCE K
Address: PO BOX 9478
City-St-Zip: BRADENTON, FL 342069478 US

Title: VCD () Delete
Name: LUCAS, PATRICIA E
Address: PO BOX 9478
City-St-Zip: BRADENTON, FL 342069478 US

Title: TD () Delete
Name: ALDERMAN, JAMES F
Address: PO BOX 9478
City-St-Zip: BRADENTON, FL 342069478 US

Title: SD () Delete
Name: GOLDEN, JAMES T
Address: PO BOX 9478
City-St-Zip: BRADENTON, FL 342069478 US

Title: D () Delete
Name: POKRYWA, TODD
Address: PO BOX 9478
City-St-Zip: BRADENTON, FL 342069478 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: SD (X) Change () Addition
Name: PERKINS, ELEANOR B
Address: PO BOX 9478
City-St-Zip: BRADENTON, FL 342069478 US

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

Title: D () Change (X) Addition
Name: KURLAND, ABIGAIL R
Address: PO BOX 9478
City-St-Zip: BRADENTON, FL 342069478 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CONSTANCE K. SHINGLEDECKER

CD

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date