

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90016 015 ****70.00

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01272004 Chg-NP CR2E037 (10/03)

DOCUMENT # 713804 1. Entity Name MANATEE YOUTH FOR CHRIST, INC.					
Principal Place of Business 1901 30TH AVENUE WEST BRADENTON, FL 34205			Mailing Address 1901 30TH AVENUE WEST BRADENTON, FL 34205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0999771	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHRISTIAAN HUTH 5203 GULF DR. HOLMES BEACH, FL 34217				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2004		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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CHAPLINSKY, MICHAEL			NAME	
STREET ADDRESS	4423-2ND AVE., N.W.			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL			CITY-ST-ZIP	
TITLE	DT	☒ Delete		TITLE	D ☐ Change ☒ Addition
NAME	FULLER, MIKE			NAME	ALAN IRVING
STREET ADDRESS	818 13 ST W			STREET ADDRESS	5910 CORTEZ RD. W.
CITY-ST-ZIP	BRADENTON, FL 34205			CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	DS	☒ Delete		TITLE	DS ☐ Change ☒ Addition
NAME	THOMAS, KEITH			NAME	LISA Bell
STREET ADDRESS	P.O. BOX 647			STREET ADDRESS	3617 57 ST. E.
CITY-ST-ZIP	BRADENTON, FL 34220			CITY-ST-ZIP	PALMETTO, FL 34221
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <u>Mike Chaplinsky</u> <u>MIKE CHAPLINSKY</u> <u>2/10/04</u> <u>(941) 747-4608</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					