

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90031 032 ****61.25

DOCUMENT # 752485

1. Entity Name
MANATEE COUNTY CULTURAL ALLIANCE, INC.



Principal Place of Business
**6404 MANATEE AVE W
BRADENTON, FL 34209 US**

Mailing Address
**P.O. BOX 672
PALMETTO, FL 34221**



01132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
926 12th STREET West
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
BRADENTON Florida

City & State

4. FEI Number
59-2012576

Applied For
Not Applicable

Zip
34205

Country
MANATEE

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**GARGIULO, ROBERT G
4301 32ND ST W STE C-4
BRADENTON, FL 34205**

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

**Filing Fee is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ADAM, MARIO A
PO BOX 321
BRADENTON, FL 34206** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GLENN E. SWAPE
3190-D CASSIOTT DR
BRADENTON, FL 34205** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PAYNES, JAMES
4507 3RD ST W C-4
BRADENTON, FL 34207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GARGIULO, ROBERT G
4301 32ND STREET WEST C-4
BRADENTON, FL 34205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GARGIULO, ROBERT G
4301 32ND STREET WEST C-4
BRADENTON, FL 34205** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JENSEN, DALE
805 PENN WAY
SARASOTA, FL 34243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Dr. Sherry Lawrence
1940 mid Ocean Circle
Sarasota, FL 34239** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

941-741-8555

Date

Daytime Phone #