

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Nov 19, 2011**  
**Secretary of State**

DOCUMENT# N10000010663

**Entity Name:** HEALTHY TEENS COALITION OF MANATEE COUNTY, INC.

**Current Principal Place of Business:**

120 40TH STREET COURT NORTH WEST  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 40TH STREET COURT NORTH WEST  
BRADENTON, FL 34209 US

**New Mailing Address:**

**FEI Number:** 45-0990646      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LEGLER, MARY ANN  
120 40TH STREET COURT NORTH WEST  
BRADENTON, FL 34209 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:** CHR.  
**Name:** LEGLER, MARY ANN  
**Address:** 120 40TH STREET COURT NORTHWEST  
**City-St-Zip:** BRADENTON, FL 34209 US

**Title:** VCHR  
**Name:** TOMEIO, JOAN  
**Address:** 11519 JACKSON MANOR CT  
**City-St-Zip:** PARRISH, FL 34219 US

**Title:** SEC.  
**Name:** RAMIREZ, LISA  
**Address:** 610 19TH ST W  
**City-St-Zip:** BRADENTON, FL 34205 US

**Title:** TRSR  
**Name:** HICKERSON, GARY  
**Address:** 502 75TH STREET  
**City-St-Zip:** HOLMES BEACH, FL 34217

I hereby 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 all other like empowered.

SIGNATURE: GARY HICKERSON

TRSR

11/19/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date