


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90116 045 ****61.25

DOCUMENT # N96000002176

1. Entity Name
MANATEE COUNTY LIONS SIGHT CONSERVATION, INC.



Principal Place of Business Mailing Address

**1219 51ST AVENUE EAST, #93
BRADENTON FL 34203** **1219 51ST AVENUE EAST, #93
BRADENTON FL 34203**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-1702646 Not Applicable

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

6. Name and Address of Current Registered Agent

**EISENBACH, SAM
1219 51ST AVENUE EAST, #93
BRADENTON FL 34203**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	C	<input type="checkbox"/> Delete
NAME	COVINS, LARRY	
STREET ADDRESS	6709 9TH AVE. WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, ROBERT	
STREET ADDRESS	114 30TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARD METZGAR	
STREET ADDRESS	112 WILD PLUM DR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MABLE	
STREET ADDRESS	803 52 AVE. PLAZA WEST	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVINS, LARRY	
STREET ADDRESS	6709 9TH AVE. W.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEELY, DOROTHY	
STREET ADDRESS	7565 64TH CT E	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURTRIGHT, PHIL	
STREET ADDRESS	9704 ROSARIO DR.	
CITY-ST-ZIP	PARISH, FL 34219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Larry Covins **LARRY COVINS** 3/20/06 94-792-6929