

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 700584

1. Entity Name
ANNA MARIA ISLAND COMMUNITY CENTER, INC.



Principal Place of Business
**407 MAGNOLIA AVENUE
PO BOX 253
ANNA MARIA, FL 34216-0253**

Mailing Address
**P.O. BOX 253
ANNA MARIA, FL 34216**



07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6166231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRICE, KENNETH A JR
219 85TH ST
HOLMES BEACH, FL 34217**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
PRICE, KENNETH A JR
219 85TH ST
HOLMES BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
BOBO, J. ALLEN
630 EMERALD LANE
HOLMES BCH., FL 34217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BREITER, TOM
316 TARPON ST
ANNA MARIA, FL 34216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HORNA, JOHN
8403 MARINA DRIVE
ANNA MARIA, FL 34216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000188968
07/19/04-80005-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Date _____

Daytime Phone # _____