

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700584

FILED
Apr 27, 2009
Secretary of State

Entity Name: ANNA MARIA ISLAND COMMUNITY CENTER, INC.

Current Principal Place of Business:

407 MAGNOLIA AVENUE
ANNA MARIA, FL 342160253

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 253
ANNA MARIA, FL 34216

New Mailing Address:

FEI Number: 59-6166231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREITER, THOMAS
316 TARPON
ANNA MARIA, FL 34216 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: CD () Delete
Name: BREITER, TOM
Address: 316 TARPON STREET
City-St-Zip: ANNA MARIA, FL 34216

Title: VCD () Delete
Name: RUDACILLE, SCOTT
Address: 222 85TH ST.
City-St-Zip: HOLMES BCH., FL 34217 US

Title: DT () Delete
Name: FORD, BILL
Address: 7000 GULF DRIVE #105
City-St-Zip: HOLMES BEACH, FL 34217

Title: DS () Delete
Name: HORNE, JOHN
Address: 608 87TH STREET COURT NW
City-St-Zip: BRADENTON, FL 34209

Title: D (X) Delete
Name: MOON, STEWART
Address: 8717 17TH AVENUE NW
City-St-Zip: BRADENTON, FL

Title: D (X) Delete
Name: BENJAMIM, ROSS
Address: 46 BAY DRIVE NORTH
City-St-Zip: BRADENTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM BREITER

CD

04/27/2009

Electronic Signature of Signing Officer or Director

Date