

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 22, 2009
Secretary of State

DOCUMENT# 703439

Entity Name: THE ART LEAGUE OF MANATEE COUNTY**Current Principal Place of Business:**209 9TH STREET WEST
BRADENTON, FL 34205 US**New Principal Place of Business:****Current Mailing Address:**209 9TH STREET WEST
BRADENTON, FL 34205 US**New Mailing Address:****FEI Number:** 59-0967824**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHELLY, DIANE
209 9TH STREET W
BRADENTON, FL 34205 US**Name and Address of New Registered Agent:**HERSHFIELD, SAM
209 9TH STREET W
BRADENTON, FL 34205 US

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: SAM HERSHFIELD

07/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERSHFIELD, SAM
Address: 1400 BARCARROTTA BLVD. #303
City-St-Zip: BRADENTON, FL 34205 US

Title: TD () Delete
Name: MEARS, WILLIAM
Address: 7612 18TH AVE NW
City-St-Zip: BRADENTON, FL 34209 US

Title: VP () Delete
Name: FRANCO, ANDI
Address: 444 40TH CT WEST
City-St-Zip: PALMETTO, FL 34221 US

Title: SD () Delete
Name: VAN TASSELL, LINDA
Address: 1510 1ST AVENUE WEST #605
City-St-Zip: BRADENTON, FL 34205 US

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:

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: WILLIAM MEARS

TRES

07/22/2009

Electronic Signature of Signing Officer or Director

Date