2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 703836

1. Entity Name
MANATEE GRANGE NO, 179, INC.



FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

3915 38TH AVENUE E. PALMETTO, FL 34221 Mailing Address

3915 38TH AVENUE E. PALMETTO, FL 34221



DO NOT WRITE IN THIS SPACE

01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7215481

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORDERIEUX, BARBARA 3915 38TH AVENUE E. PALMETTO, FL 34221

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 reinstating) | | | | | DATE |
| | Filing Fee is \$61.25 Due by May 1, 2007 | Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | <u> </u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LONG, CYNTHIA 9229 FRUITVILLE RD SARASOTA, FL 34240 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PAGLES, STANLEY 304 ST JOHNS ST RIVERVIEW, FL 33569 | | | | U00000619001 02/08/07-80054-014 61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | L CUNNINGHAM, EVELYN 3114 DOROTHY PLACE ELLENTON, FL 34222 | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT BORDERIEUX, BARBARA 3915 38TH AVENUE E. PALMETTO, FL 34221 | | | IN | THIS SPACE |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | ED ANDREWS, MADELIN 9303 FRUITVILLE RD SARASOTA, FL 34240 | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | partify that the information sumplied with this | iling does not qualify for the everything | ans cor | | 9. Florida Statutes. I further certify that the information |

indicated on this report or supplies on the initial does not quality for the exemptions contained in Chapter 119, Florida Statutes. I future certify that the Information indicated on this report or supplies that it 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.

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #