



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 703836</b> 1. Entity Name <b>MANATEE GRANGE NO, 179, INC.</b>			
Principal Place of Business <b>3915 38TH AVENUE E. PALMETTO, FL 34221</b>		Mailing Address <b>3915 38TH AVENUE E. PALMETTO, FL 34221</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03022008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>23-7215481</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>BORDERIEUX, BARBARA 3915 38TH AVENUE E. PALMETTO, FL 34221</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		UN00000882357 04/22/08-80054-012 61.25	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L CUNNINGHAM, EVELYN 3114 DOROTHY PLACE ELLENTON, FL 34222		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BORDERIEUX, BARBARA 3915 38TH AVENUE E. PALMETTO, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ANDREWS, MADELIN 9303 FRUITVILLE RD SARASOTA, FL 34240		
TITLE 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 Chapter 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: <u>Barbara Borderieux</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/3/08 991-723-4833 Date Daytime Phone #	