

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90045 017 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # 704590 1. Entity Name MANATEE CHAMBER OF COMMERCE, INCORPORATED | | | | | |
| Principal Place of Business 222 - 10TH STREET WEST BRADENTON, FL 34205-8636 | | | Mailing Address 222 - 10TH STREET WEST BRADENTON, FL 34205-8636 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-0979413 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BARTZ, ROBERT P 222 10TH ST W BRADENTON, FL 34205 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS BARTZ, ROBERT 222 10TH ST W BRADENTON, FL 34205 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Tom Moseley 4770 SR 64 E Bradenton FL 34208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARRAWAY, MAC 4715 LORRAINE RD BRADENTON, FL 34211 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D John Horne 6688 Cortez Rd W Bradenton FL 34210 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUPONT, RIP 5817 MANDER AVE W BRADENTON, FL 34209 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Michele Morgan 6151 Lake Osprey Dr Sarasota FL 34240 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANSON, GEORGE 807 24TH AVE W BRADENTON, FL 34205 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jim Vett 905 Manatee Ave E Bradenton FL 34208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D (change) DANAHY, TOM 14400 COVENANT WAY BRADENTON, FL 34202 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Chris Pennewill 3203 Manatee Ave W Bradenton FL 34205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C (change) RICE, JOHN 6430 14TH ST W BRADENTON, FL 34207 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 2122108 941-748-4842 <small>Date Daytime Phone #</small> | |

Robert Bartz