


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90179 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 727106					
1. Corporation Name SOUTH MANATEE SERTOMA CLUB OF BRADENTON, INC.					
Principal Place of Business P. O. BOX 14057 BRADENTON FL 34280-4057 US			Mailing Address P. O. BOX 14057 BRADENTON FL 34280-4057 US		



2. Principal Place of Business 21 6749 MANATEE AVE W. Suite, Apt. #, etc. 22 BRADENTON, FL City & State 23 34209 MANATEE Zip Country 24 25 29 30		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 08/06/1973 4. FEI Number 23-7216994 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent MILLER, MIKE 11011 CIMARRON CIRCLE, N.W. BRADENTON FL 34209				10. Name and Address of New Registered Agent 81 Name RON PIERRO 82 Street Address (P.O. Box Number is Not Acceptable) 7720 24TH AVE W 83 84 City BRADENTON, FL 85 Zip Code 34209			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ronald Pierro **RONALD PIERRO SECRETARY** **3-27-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	BP	<input type="checkbox"/> DELETE	1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KILLINGSWORTH, JIM		1.2 NAME	EMILIO. MORALES			
STREET ADDRESS	4012 CORTEZ RD W STE 2103		1.3 STREET ADDRESS	9138 16TH AVE CIR N.W.			
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	BRADENTON, FL 34209			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYERS, MARK		2.2 NAME				
STREET ADDRESS	7023 45TH AVE E		2.3 STREET ADDRESS				
CITY-ST-ZIP	ELLENTON FL		2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOBEL, MIKE		3.2 NAME				
STREET ADDRESS	2305 45TH CT W		3.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	PS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERRO, RON		4.2 NAME				
STREET ADDRESS	7720 24TH AVE W		4.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	DT	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIDSON, N		5.2 NAME				
STREET ADDRESS	1523 1ST AVE W		5.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34205		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Pierro* **RONALD PIERRO** **3-3-99** **(941) 792-2967**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)