


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90044 003 ****61.25

DOCUMENT # 732116 1. Entity Name MANASOTA LEAGUE OF CITIES, INC.					
Principal Place of Business CITY HALL 1565 1ST ST ROOM 110 SARASOTA, FL 34236 US			Mailing Address CITY HALL, P.O. BOX 1058 ROOM 110 SARASOTA, FL 34230		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0281922	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBINSON, BILLY E CITY HALL, 1565 FIRST STREET ROOM 110 SARASOTA, FL 34236				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 <u><i>Billy E Robinson</i></u> Billy E. Robinson 1/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, BARBARA		NAME	Bohnenberger, Richard	
STREET ADDRESS	5650 N PORT BLVD		STREET ADDRESS	5801 Marina Dr	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNENBERGER, RICH		NAME	Moore, John	
STREET ADDRESS	5801 MARINA DR		STREET ADDRESS	401 W. Venice Av	
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP	Venice FL 34285	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSTLE, LARRY		NAME		
STREET ADDRESS	PO BOX 1209		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34220		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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><i>Lawrence E. Bustle</i></u> LAWRENCE E. BUSTLE, Jr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Larry Bustle 1/4/08 (941) 723-4570 <small>Date Daytime Phone #</small>		