


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

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

DOCUMENT # 733821 1. Entity Name MANATEE RIVER FAIR ASSOCIATION, INC.	
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Principal Place of Business 1303 - 17TH ST W. PALMETTO, FL 34221	Mailing Address 1303 - 17TH ST W. PALMETTO, FL 34221
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0908773	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GORDON, DOLE 8446 CASTLE GARDEN RD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	1100001833458 04/22/08-80054-018 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD MCCOLGAN, MARGARET 1815 EDGEWATER LN PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRYANT, SHIRLEY 2413 WATERFORD CT PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAGER, DAN 1022-50TH ST CT W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DOLE, GORDON 8446 CASTLE GARDEN RD PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NEUHAUSER, JON 430-8TH AVE W. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD TAYLOR, HUGH 11401 A.D. TAYLOR RD MYAKKA CITY, FL 34251

**DO NOT WRITE
IN THIS SPACE**

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>	April 3, 2008 <small>Date</small>	941-722-1639 <small>Daytime Phone #</small>
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