2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 733821

Entity Name: MANATEE RIVER FAIR ASSOCIATION, INC.

Current Principal Place of Business:

1303 - 17TH ST W.
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

1303 - 17TH ST W.
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 59-0908773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORDON, DOLE
8446 CASTLE GARDEN RD
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ASD ( ) Delete
Name: MCCOLGAN, MARGARET
Address: 1615 EDGEWATER LN
City-St-Zip: PALMETTO, FL 34221

Title: SD ( ) Delete
Name: BRYANT, SHIRLEY
Address: 2413 WATERFORD CT
City-St-Zip: PALMETTO, FL 34221

Title: VD ( ) Delete
Name: HAGER, DAN
Address: 1022-50TH ST CT W
City-St-Zip: BRADENTON, FL 34209

Title: PD ( ) Delete
Name: DOLE, GORDON
Address: 8446 CASTLE GARDEN RD
City-St-Zip: PALMETTO, FL 34221

Title: TD ( ) Delete
Name: NEUHAUSER, JON
Address: 430-8TH AVE W.
City-St-Zip: PALMETTO, FL 34221

Title: ATD ( ) Delete
Name: TAYLOR, HUGH
Address: 11401 A.D. TAYLOR RD
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ASD (X) Change ( ) Addition
Name: CARLSON, DAVID
Address: 5211 WINGATE RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON DOLE PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date