


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State


05-02-2008 90121 031 ****70.00

DOCUMENT # 735335	
1. Entity Name THE MYAKKA CITY COMMUNITY CENTER, INC.	

Principal Place of Business 37190 SINGLETARY ROAD MYAKKA CITY FL 34251 US	Mailing Address P O BOX 103 MYAKKA CITY FL 34251
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2. Principal Place of Business - No P.O. Box # 1000 Wauchula Road	3. Mailing Address PO Box 103
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Myakka City, Florida	City & State Myakka City, Florida
Zip 34251	Zip 34251
Country Manatee	Country Manatee

	
1st MOORE	CR2E037 (10/07)
4. FEI Number 59-1050657	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, JOHN J 37190 SINGLETARY ROAD MYAKKA CITY FL 34251	
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 <u>John J Miller</u> DATE <u>4/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD SELLARS, PEPPER 14250 ST ROAD 62 PARRISH FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB McLeod, Kevin 4521 Ardale Street Sarasota, Florida 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MILLER, MURRAY GINKI 5415 WAUCHULA ROAD MYAKKA CITY FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lane, Michelle 12700 Sugarbowl Road Myakka City, FL 34251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LEGUTKO, JOHN P 6905 279TH ST. E. MYAKKA CITY FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB McLeod, Kevin 4521 Ardale Street Sarasota, Florida 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB PFS LZGRAS, DARRELL 10302 284 ST E MYAKKA CITY FL 34251 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGAVIC, PATTI 37810 BOYD ROAD MYAKKA CITY FL 34251 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANE, MICHELLE 12700 SUGARBOWL ROAD MYAKKA CITY FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <u>Pepper Sellars</u>	<u>4/10/08</u>	<u>941-322-8114</u>
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