

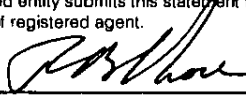



# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 743631</b> 1. Entity Name <b>MANATEE COUNTY HISTORICAL COMMISSION, INC.</b>						<b>FILED</b> <b>09 FEB -9 PM 3:15</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>604 15TH STREET, E. BRADENTON, FL 34208 US</b>				Mailing Address <b>1404 MANATEE AVE. E BRADENTON, FL 34208 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 <b>REINSTATEMENT 08-09</b> 02/09/09 REINSTATEMENT 08-09			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>59-1905082</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SHORE, RICHARD B 604 15TH STREET EAST BRADENTON, FL 34208</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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.</small>				DATE <b>2/4/09</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$122.50</b> <input checked="" type="checkbox"/>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>DUKE, J.E</b> <input checked="" type="checkbox"/> Delete <b>4807 1ST AVE. DR. NW BRADENTON, FL 34209</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>BARNEBEY, E MARK</b> <b>1301 6th Ave.W., Bradenton, Fl. 34205</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC <input checked="" type="checkbox"/> Delete <b>KORCK, KINDRA</b> <b>P.O. BOX 426 TERRA CEIA, FL 34250</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DYE, STEVE</b> <b>P.O. Box 9480, Bradenton, FL 34206</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input checked="" type="checkbox"/> Delete <b>BADEN, EARL</b> <b>1101 8TH AVE. W. BRADENTON, FL 34205</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>KING, BARBARA</b> <b>3806 Riverview Blvd., Bradenton, Fl. 34205</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Delete <b>KING, BARBARA</b> <b>3806 RIVERVIEW BLVD. W BRADENTON, FL 34205</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>HARRISON, TOM</b> <b>1206 Manatee Ave. W., Bradenton, Fl. 34205</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	<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 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.							
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>2/4/09</b> Daytime Phone # <b>941-748-4468</b>			