


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

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90062 011 ****61.25

DOCUMENT # 751897
1. Entity Name
MANATEE RIVER GARDEN CLUB, INC.



Principal Place of Business Mailing Address
MANATEE RIVER GARDEN CLUB
3120 FIRST AVE. W
BRADENTON FL 34205-2005
US

PO BOX 14662
BRADENTON FL 34280
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

1st MOORE CR2E037 (10/07)

4. FEI Number **59-6135578** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAMLIN, JANICE
805 HILLCREST DR.
BRADENTON FL 34209

7. Name and Address of New Registered Agent
Name **Stein, Annette**
Street Address (P.O. Box Number if Not Applicable) **4718 12th St. Ct. E**
246
City **Bradenton** FL Zip Code **34203**

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 Annette Stein (NOTE: Registered Agent signature required when registering) DATE **2-10-08**

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CLARK, GINNIE | |
| STREET ADDRESS | 3011 14TH AVE. WEST | |
| CITY-ST-ZIP | BRADENTON FL 34205 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RICHIE, LORI | |
| STREET ADDRESS | 1212 75TH STREET WEST | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | CSD | <input checked="" type="checkbox"/> Delete |
| NAME | MCAHON, WAUNDA | |
| STREET ADDRESS | 4462 17TH STREET WEST | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | TALLEPRAGADA, SHANTA | |
| STREET ADDRESS | 6123 9TH AVENUE CIRCLE | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | RDS | <input type="checkbox"/> Delete |
| NAME | STEIN, ANNETTE | |
| STREET ADDRESS | 4718 12TH STREET COURT WEST #246 | |
| CITY-ST-ZIP | BRADENTON FL 34203 | |
| TITLE | TDD | <input type="checkbox"/> Delete |
| NAME | HAMLIN, JANICE | |
| STREET ADDRESS | 805 HILLCREST DR. | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Clark, Ginnie | |
| STREET ADDRESS | 3011 14th Ave W. | |
| CITY-ST-ZIP | Bradenton, FL 34205 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Richie, Lori | |
| STREET ADDRESS | 1212 75th St. W. | |
| CITY-ST-ZIP | Bradenton, FL | |
| TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cass Robertson | |
| STREET ADDRESS | 631 Emerald Lane | |
| CITY-ST-ZIP | Holmes Beach FL 34217 | |
| TITLE | VP/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Waterfield, Betty | |
| STREET ADDRESS | 6936 74th St. Ct. E. | |
| CITY-ST-ZIP | Bradenton, FL 34203 | |
| TITLE | T/D/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Annette Stein | |
| STREET ADDRESS | 4718 12th St. Ct E. #246. | |
| CITY-ST-ZIP | Bradenton, FL 34203 | |
| TITLE | DD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hamilin, Janice | |
| STREET ADDRESS | 805 Hillcrest Dr. | |
| CITY-ST-ZIP | Bradenton, FL 34209 | |

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

SIGNATURE: Annette Stein (NOTE: Registered Agent signature required when registering) DATE **2-10-8** **941.751-0825**