

752186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

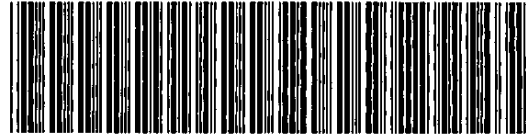
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

KTH
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VALKYRIES OF MANATEE, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 752 186

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Anthony
(Name of Contact Person)

(Firm/Company)

7703 12th Ave. N.W.
(Address)

Bradenton FL 34209
(City/State and Zip Code)

For further information concerning this matter, please call:

John Anthony at 941, 792-3254
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Valkyries of Manatee, Inc.
2. The principal office address: 7703 12th Ave NW
3. The mailing address (if different): 6710 10th Ave W Bradenton FL 34209
4. Date of incorporation/qualification: 04/25/1980 Document number: 752186
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Philip Ploof
4304 Dancy Dr.
Wimauma FL 33598

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John Anthony
7703 12th Ave. N.W.
(P.O. Box NOT acceptable)
Bradenton FL 34209

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

John Anthony
(Signature of an officer or director)

JOHN ANTHONY PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752186

1. Corporation Name

VALKYRIES OF MANATEE, INC.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6710 10th Ave W

BRADENTON FL

34209 U.S.A.

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/25/1980

5. FEI Number

N/AE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN ANTHONY

Street Address (P.O. Box Number is Not Acceptable)

7703 12th AVE NW

Suite, Apt. #, Etc.

City

BRADENTON

100081187461

10/25/06--01041--010 **238.25

State

Zip Code

FL

34209

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	John Anthony	7703 12 th Ave NW	BRADENTON FL 34209
V-PRES	Roy E. Hunt	3106 36 th Ave. W	BRADENTON FL 34205
TREAS	William Thompson	5118 15 th Ave. W.	Bradenton FL 34209
Secr.	D. B. LOTHROP	6710 10 th Ave W	Bradenton FL 34209

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN ANTHONY PRESIDENT

10-23-06

Date

941-792-3254

Daytime Phone #