


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 752485 1. Entity Name MANATEE COUNTY CULTURAL ALLIANCE, INC.	
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Principal Place of Business 926 12TH ST. W BRADENTON, FL 34205 US	Mailing Address P.O. BOX 672 PALMETTO, FL 34221
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2012576	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARGIULO, ROBERT G 4301 32ND ST W STE C-4 BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWOPE, GLENN E 3190 D CASTLETON DR. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAYNES, JAMES 4507 3RD ST W C-4 BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARGIULO, ROBERT G 4301 32ND STREET WEST C4 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWRENCE, SHERRY DR. 1940 MID OCENA CIRCLE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05-80053-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Glenn E Swope, PRES. 1/6/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #