2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752485

FILED Jaņ 03, 2<u>00</u>6 Secretary of State

Entity Name: MANATEE COUNTY CULTURAL ALLIANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 926 12TH ST. W BRADENTON, FL 34205 US **Current Mailing Address: New Mailing Address:** P.O. BOX 672 PALMETTO, FL 34221 FEI Number: 59-2012576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARGIULO, ROBERT G 4301 32ND ST W STE C-4 BRADENTON, FL 34205 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SWOPE, GLENN E Name: Name: 3190 D CASTLETON DR. Address: Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: Title: VD () Delete Title: SD (X) Change () Addition Name: PAYNES, JAMES Name: SHUGOL, DAVID Y Address: 4507 3RD ST W C-4 Address: 12032 WHISTLING WAY City-St-Zip: BRADENTON, FL 34207 City-St-Zip: BRADENTON, FL 34202 Title: () Delete Title: () Change () Addition GARGIULO, ROBERT G Name: Name: 4301 32ND STREET WEST C4 Address: Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: () Delete Title: SD Title: (X) Change () Addition LAWRENCE, SHERRY DR. LAWRENCE, SHERRY DR. Name: Name: 1940 MID OCENA CIRCLE 1940 MID OCENA CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN E. SWOPE **PRES** 01/03/2006