


**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

4U11605

<b>DOCUMENT # 752485</b>				05-14-2007 90076 014 ****61.25	
1. Entity Name <b>MANATEE COUNTY CULTURAL ALLIANCE, INC.</b>					
Principal Place of Business <b>926 12TH ST. W BRADENTON, FL 34205 US</b>		Mailing Address <b>P.O. BOX 672 PALMETTO, FL 34221</b>			
2. Principal Place of Business - No P.O. Box # <b>926 12th St. W</b>		3. Mailing Address <b>Suite, Apt. #, etc.</b>		04262007 Chg-NP CR2E037 (12/06)	
City & State <b>Bradenton FL</b>		City & State		4. FEI Number <b>59-2012576</b>	
Zip <b>34205</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GARGIULO, ROBERT G 4301 32ND ST W STE C-4 BRADENTON, FL 34205</b>				7. Name and Address of New Registered Agent <b>Name: Robin W. Kaercher Street Address (P.O. Box Number is Not Acceptable): 6006 Bolivia Blvd. City: Bradenton FL Zip Code: 34207</b>	
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: <i>[Signature]</i> DATE: <b>4/26/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing <b>\$5.00 May Be</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: SWOPE, GLENN E STREET ADDRESS: 3190 D CASTLETON DR. CITY-ST-ZIP: BRADENTON, FL 34208 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: SD NAME: SHUGOL, DAVID Y STREET ADDRESS: 12032 WHISTLING WAY CITY-ST-ZIP: BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: TD NAME: GARGIULO, ROBERT G STREET ADDRESS: 4301 32ND STREET WEST C4 CITY-ST-ZIP: BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete		TITLE: TD NAME: Carol Foster STREET ADDRESS: 4630 5th St. W # 304 CITY-ST-ZIP: Bradenton FL 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: VD NAME: LAWRENCE, SHERRY DR. STREET ADDRESS: 1940 MID OCENA CIRCLE CITY-ST-ZIP: SARASOTA, FL 34239 <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			
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.					
SIGNATURE: <i>[Signature]</i>		DATE: <b>4/26/07</b> 941 746 2223			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			