2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752485

FILED Apr 30, 2008 Secretary of State

Entity Name: MANATEE COUNTY CULTURAL ALLIANCE, INC.

current Principal Place of Business:			New Prince	New Principal Place of Business:		
26 12TH RADENT	ST. W FON, FL 34205	US				
urrent Mailing Address:			New Mailing Address:			
.O. BOX ALMETT	672 O, FL 34221					
≣l Number	: 59-2012576	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desir	red ()
ame and	d Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
06 BOLIV	ER, ROBIN W /IA BLVD. FON, FL 34207	US				
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered	office or registered agent	t, or both
the State	e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered	office or registered agent	t, or both
the State	e of Florida.	ubmits this statement for the p		ts registered	office or registered agent Date	t, or both
the State	e of Florida.	ic Signature of Registered Age	ent			
the State	e of Florida. RE: Electroni S AND DIRECT	ic Signature of Registered Age FORS: Delete N E TON DR.	ent	IS/CHANGE	Date	
the State IGNATUI FFICER: tle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT PD () SWOPE, GLENI 3190 D CASTLE BRADENTON, F	ic Signature of Registered Age FORS: Delete N E ITON DR. L 34208 Delete L ##384	ent ADDITION Title: Name: Address:	IS/CHANGE:	Date S TO OFFICERS AND D	
FFICER: de: ame: dress: ty-St-Zip: de: ame: dress:	e of Florida. RE: Electroni S AND DIRECT PD () SWOPE, GLENN 3190 D CASTLE BRADENTON, F TD () FASTER, CARO 4630 5TH ST. W. BRADENTON, F	ic Signature of Registered Age FORS: Delete N E TON DR. L 34208 Delete L / #384 L 34207 Delete HERRY DR. IA CIRCLE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	IS/CHANGE: (VD (LONGO, CAR	Date S TO OFFICERS AND DI () Change () Addition () SON () STA COURT STE 208	

I hereby certify that the information supplied with this filing does not qualify 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 SWOPE PD 04/30/2008