

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90025 029 \*\*\*\*70.00

**DOCUMENT # 754830**

1. Entity Name  
**MANASOTA - 88, INC.**



Principal Place of Business  
**419 RUBENS DRIVE  
NOKOMIS, FL 34275**

Mailing Address  
**419 RUBENS DRIVE  
NOKOMIS, FL 34275**

**40062696**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1879991**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMPTON, GLENN  
419 RUBENS DRIVE  
NOKOMIS, FL 34275**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **D** ☒ Delete  
STREET ADDRESS **EGAR, REBECCA**  
CITY-ST-ZIP **324 W ROYAL FLAMINGO DR  
SARASOTA, FL 00000**

TITLE  
NAME **Janet Smith** ☐ Change ☒ Addition  
STREET ADDRESS **1709 Pelican Cove Road**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE  
NAME **D** ☒ Delete  
STREET ADDRESS **QUY, HILDA**  
CITY-ST-ZIP **1619 PALMA SOLA BLVD  
BRADENTON, FL 00000**

TITLE  
NAME **Barbara Hines** ☐ Change ☒ Addition  
STREET ADDRESS **117 81st Street**  
CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE  
NAME **DP** ☐ Delete  
STREET ADDRESS **COMPTON, GLENN**  
CITY-ST-ZIP **419 RUBENS DR  
NOKOMIS, FL 34275**

TITLE  
NAME **Mary Jelks** ☐ Change ☒ Addition  
STREET ADDRESS **1930 Clematis St.**  
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: Glenn Compton - Chairman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/08  
Date

941 966-6256  
Daytime Phone #