


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 761500 (8)

1. Corporation Name
MANATEE COUNTY, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER

Principal Place of Business 5117 4TH STREET EAST BRADENTON FL 34203	Mailing Address 5117 4TH STREET EAST BRADENTON FL 34203
---	---

2. Principal Place of Business 21 6008 Courtside Drive Suite, Apt. #, etc.	2a. Mailing Address 26 6008 Courtside Drive Suite, Apt. #, etc.
22 City & State 23 Bradenton FL	27 City & State 28 Bradenton FL
24 Zip 34210-4017 25 Country	29 Zip 34210-4017 30 Country

3. Date incorporated or Qualified 01/19/1982		
4. FEI Number 59-2169764	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CHANGE, ANGELO A 5117 4TH STREET EAST BRADENTON FL 34203		10. Name and Address of New Registered Agent	
81 Name	Watson, Bill		
82 Street Address (P.O. Box Number is Not Acceptable)	6008 Courtside Drive		
83			
84 City	Bradenton	85 State	FL
		86 Zip Code	34210-4017

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *William L. Watson* DATE **1/13/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANGE, ANGELO A	1.2 NAME	Watson, Bill
STREET ADDRESS	5117 4TH STREET EAST	1.3 STREET ADDRESS	6008 Courtside Drive
CITY-ST-ZIP	BRADENTON FL 34203	1.4 CITY-ST-ZIP	Bradenton FL 34210-4017
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRENELL, ROLAND	2.2 NAME	
STREET ADDRESS	6302 US 41 SOUTH LOT A114	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSS, FRED	3.2 NAME	Marquis, Dave
STREET ADDRESS	4530 PINEBROOK CIR., #207-3	3.3 STREET ADDRESS	477 Church Road
CITY-ST-ZIP	BRADENTON FL 34209	3.4 CITY-ST-ZIP	Palmetto FL 34221-5401
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, PHIL	4.2 NAME	
STREET ADDRESS	12939 PRESTWICK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDPATH, NORM	5.2 NAME	Redpath, Norm
STREET ADDRESS	7304 KINGS DRIVE	5.3 STREET ADDRESS	2362 Emerald Lake Dr.
CITY-ST-ZIP	ELLENTON FL 34222	5.4 CITY-ST-ZIP	Sun City Center FL 33573-5156
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)