

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90064 047 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 761500
 1. Corporation Name
MANATEE COUNTY, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER

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| Principal Place of Business 6008 COURTSIDE DR BRADENTON FL 34210-4017 US | Mailing Address 6008 COURTSIDE DR BRADENTON FL 34210-4017 US |
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| 2. Principal Place of Business 21 12939 Prestwick Dr. Suite, Apt. #, etc. 22 City & State 23 Riverview FL Zip Country 24 33569-7012 25 | 2a. Mailing Address 26 12939 Prestwick Dr. Suite, Apt. #, etc. 27 City & State 28 Riverview FL Zip Country 29 33569-7012 30 | 3. Date Incorporated or Qualified 01/19/1982 | 4. FEI Number 59-2169764 Applied For Not Applicable | 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 |
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| 9. Name and Address of Current Registered Agent WATSON, BILL 5117 4TH STREET EAST 6008 COURTSIDE DR BRADENTON FL 34210 | 10. Name and Address of New Registered Agent 81 Name Haas, Phillip E. 82 Street Address (P.O. Box Number is Not Acceptable) 12939 Prestwick Dr. 83 84 City Riverview FL 85 Zip Code 33569-7012 |
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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 of 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: *Phillip E. Haas* DATE: 3-19-99

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WATSON, BILL 6008 COURTSIDE DR BRADENTON FL 34210 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD Hansen, Arne 2320 Del Webb Blvd West Sun City Center FL 33573-4859 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GRENNELL, ROLAND 6302 US 41 SOUTH LOT A114 PALMETTO FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VD Watson, Bill 6008 Courtside Drive Bradenton FL 34210-4017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MARQUIS, DAVE 477 CHURCH RD PALMETTO FL 34221 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HAAS, PHIL 12939 PRESTWICK DRIVE RIVERVIEW FL <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD REDPATH, NORM 2362 EMERALD LAKE DR SUN CITY CENTER FL 33573 <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, with a other like empowered.

SIGNATURE: *Phillip E. Haas* 1-12-99 813-677-8448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)