

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90077 032 \*\*\*\*61.25

**DOCUMENT # 761500**

1. Entity Name

MANATEE COUNTY, FLORIDA, CHAPTER OF THE  
SOCIETY FOR THE PRESERVATION AND



Principal Place of Business

12939 PRESTWICK DR  
RIVERVIEW FL 33569-7012  
US

Mailing Address

12939 PRESTWICK DR  
RIVERVIEW FL 33569-7012  
US

24074417



MOORE CR2E037 (11/03)

2. Principal Place of Business

603 63rd Ave. West

Suite, Apt. #, etc.

#90

3. Mailing Address

603 63rd Ave. West

Suite, Apt. #, etc.

#90

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34207

Country

U.S.

Zip

34207

Country

U.S.

4. FEI Number

59-2169764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HAAS, PHILLIPS E  
12939 PRESTWICK DR  
RIVERVIEW FL 33569-7012

7. Name and Address of New Registered Agent

Name Thomas Lennon

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

603 63rd Ave. West #90

#

City

Bradenton

FL

Zip Code

34207

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 Thomas Lennon, Treasurer May 7, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMMONS, JERRY 4106 61ST AVE. TERRACE W. BRADENTON FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENSMAN, WAYNE 409 BLACKHAWK CIRCLE SUN CITY CENTER FL 33573-5701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARQUIS, DAVE 477 CHURCH RD PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAAS, PHIL 12939 PRESTWICK DRIVE RIVERVIEW FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANNIFF, CHARLEY PO BOX 1472 ( 327 TARPON STREET ) ANNA MARIA FL 34216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 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: Charles F. Canniff 5/7/04 (941) 778-4590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #