


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90047 034 ****61.25

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DOCUMENT # 761500					
1. Entity Name MANATEE COUNTY, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBERSHOP <i>Quartet Singing</i>					
Principal Place of Business 603 63RD AVENUE WEST #90 BRADENTON, FL 34207 US		Mailing Address 603 63RD AVENUE WEST #90 BRADENTON, FL 34207 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>Lot D9</i>		Suite, Apt. #, etc. <i>Lot D9</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2169764	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LENNON, THOMAS 603 63RD AVENUE WEST #90 BRADENTON, FL 34207			Name		
			Street Address (P.O. Box Number is Not Acceptable) <i>Lot D9</i>		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMMONS, JERRY		NAME		
STREET ADDRESS	4106 61ST AVE. TERRACE W.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENSMAN, WAYNE		NAME	<i>Ott, Richard</i>	
STREET ADDRESS	409 BLACKHAWK CIRCLE		STREET ADDRESS	<i>2525 Ringling Blvd.</i>	
CITY-ST-ZIP	SUN CITY CENTER, FL 335735701		CITY-ST-ZIP	<i>Sarasota FL 34237-6212</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARQUIS, DAVE		NAME	<i>MENEELY, DAVID</i>	
STREET ADDRESS	477 CHURCH RD		STREET ADDRESS	<i>5808 24th ST CT W</i>	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	<i>BRADENTON FL 34207-3934</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, THOMAS		NAME		
STREET ADDRESS	603 63RD AVE., WEST #90		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNIFF, CHARLEY		NAME		
STREET ADDRESS	PO BOX 1472 (327 TARPON STREET)		STREET ADDRESS		
CITY-ST-ZIP	ANNA MARIA, FL 34216		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Lewis, Brian K.</i>	
STREET ADDRESS			STREET ADDRESS	<i>6423 Cataraca ST</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Sarasota FL 34241-9104</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>[Signature]</i> Brian K. Lewis		Date: <i>2/3/05</i>		Daytime Phone #: <i>941-923-7269</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					