
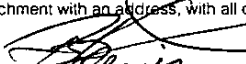


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90005 030 ****61.25

DOCUMENT # 761500 1. Entity Name MANATEE COUNTY, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER					
Principal Place of Business 603 63RD AVENUE WEST #D9 BRADENTON, FL 34207 US			Mailing Address 603 63RD AVENUE WEST #D9 BRADENTON, FL 34207 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2169764	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LENNON, THOMAS 603 63RD AVENUE WEST #D9 BRADENTON, FL 34207				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VD	<input type="checkbox"/> Delete	TITLE	<input 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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTT, RICHARD		NAME		
STREET ADDRESS	2525 RINGLING BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 342376212		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENEELY, DAVID		NAME		
STREET ADDRESS	5808 24TH STREET COURT WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 342073934		CITY-ST-ZIP		
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	PD	<input type="checkbox"/> Delete	TITLE	<input 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	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, BRIAN K		NAME	6423 CARACARA ST	
STREET ADDRESS	6423 CATACARA STREET		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 342419104		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:  Brian K. Lewis 2/1/06 941-923-7269 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					