2006 NOT-FOR-PRO ANNUAL

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| 2006 NG | DT-FOR-PRO ANNUAL | Feb 03, 2006 8:00 am Secretary of State | | | | | |
|---|--|---|-------------------------------------|---|--------------------------------|--------------------------------|--|
| DOCUMENT | | 02- | 03-2006 90005 030 |) ****61.25 | | | |
| 1. Entity Name MANATEE COUNTY, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER | | | | | | | |
| Principal Place of Business Mailing Address 603 63RD AVENUE WEST 603 63RD AVENU #D9 #D9 BRADENTON, FL 34207 US BRADENTON, FL | | | | | | | |
| 2. Principal Place of Busin | | 3. Mailing Address | | | | | |
| | 1635 | a. Mailing Address | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | LOU BIILL BUILL BILL BILL BILL | UINII NIBIA DIUIIIUI NA INUI | |
| Suite, Apt. #, etc. S | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | J-NP CR2E037 | (11/05) | |
| City & State C | | City & State | iity & State | | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Stat | | 8.75 Additional ee Required | |
| 6. Name | | 7. Name and Addre | ass of New Registered Ag | gent | | | |
| LENNON, THOMAS 603 63RD AVENUE #D9 | Name Street Address | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| BRADENTON, FL 3 | 4207 | | City | | FL | Zip Code | |
| 8. The above named entite the obligations of regis | y submits this statement for the lered agent. | e purpose of changing its | registered office or regist | ered agent, or both, in th | • = | miliar with, and accept | |
| SIGNATURE | er printed name of registered agent and i | itle if applicable. (NOTI | E: Registered Agent signature requi | | DATE | | |
| Filing Fee Is \$61.25 9. Election Campaign F Due by May 1, 2006 Trust Fund Contribut | | | | \$5.00 May Be Added to Fees | Make check Florida Departr | | |
| 10. | OFFICERS AND DIREC | TORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| | | | | | | | |

FII FD

| #D9 BRADENTON | | #D9 BRADENTON, FL 34207 US | | | A TERRIT TERRIT ANDA ANDA MARKANIN ADAN BATT ATAM ATAM ATAM ATAM ATAM ATAM ATAM | | | | | | |
|--|--|-------------------------------|--|---|---|-------------------|--------------------------------|------------|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01192006 Chg-NP CR2E037 (11/05) | | | | | | |
| City & State | | City & State | | | 4. FEI Number 59-2169764 Applied For Not Applicable | | | | | | |
| Zip Country 2 | | Zip | Country | 5. Certilicate of Status Desired Status Desired \$8.75 Additiona Fee Required | | | | | | | |
| | 6. Name and Address of Current Re | gistered Agent | | 7. Name and Address of New Registered Agent | | | | | | | |
| LENNON, 603 63RD #D9 | THOMAS AVENUE WEST | | Name Street A | Address (F | (P.O. Box Number is Not Acceptable) | | | | | | |
| BRADENT | ON, FL 34207 | | | | | | | | | | |
| | | | City | | | F | Zip Cod | e | | | |
| 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 . | Signature, typed ar printed name of registered agent and | title if applicable. (NOTE: F | Registered Agent signa | ture required | when reinstating) | DATE | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | ck payable to artment of SI | | | | |
| 10. | OFFICERS AND DIRE | CTORS | 11. | A | DDITIONS/CHANGES | TO OFFICERS AND E | DIRECTORS IN | 10 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD AMMONS, JERRY 4106 61ST AVE. TERRACE W. BRADENTON, FL 34210 | Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | 📋 Change | Addition | | | |
| TITLE NAME STREET ADDRESS CATY-ST-ZIP | VD OTT, RICHARD 2525 RINGLING BOULEVARD SARASOTA, FL 342376212 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MENEELY, DAVID 5808 24TH STREET COURT WES BRADENTON, FL 342073934 | Delete | TITLE NAME STREET ADDRESS CITY - S1 - ZIP | | | | Change | 🗌 Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LENNON, THOMAS 603 63RD AVE., WEST #90 BRADENTON, FL 34207 | 🗆 Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | 🗌 Change | Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CANNIFF, CHARLEY PO BOX 1472 (327 TARPON STRI ANNA MARIA, FL 34216 | 🗆 Detete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD LEWIS, BRIAN K 6423 CATACARA STREET SARASOTA, FL 342419104 | Delete | TITLE NAME Street address City-st-zip | 642. | 3 CARACA | ARA ST | X Change | Addition | | | |
| 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | | | | |