


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90097 022 \*\*\*\*61.25

<b>DOCUMENT # 761500</b>					
<b>1. Entity Name</b> MANATEE COUNTY, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER					
<b>Principal Place of Business</b> 603 63RD AVENUE WEST #D9 BRADENTON, FL 34207 US			<b>Mailing Address</b> 603 63RD AVENUE WEST #D9 BRADENTON, FL 34207 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 327 Tarpon St		<b>3. Mailing Address</b> P O Box 1472			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Anna Maria FL		<b>City &amp; State</b> Anna Maria FL		<b>4. FEI Number</b> 59-2169764	
<b>Zip</b> 34216		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LENNON, THOMAS 603 63RD AVENUE WEST #D9 BRADENTON, FL 34207		<b>7. Name and Address of New Registered Agent</b> Name <u>Charles Canniff</u> Street Address (P.O. Box Number is Not Acceptable) 327 Tarpon St. City <u>Anna Maria</u> <u>FL</u> <u>34216</u>			
<b>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.</b>					
SIGNATURE <u>Charles F. Canniff</u> <u>CHARLES F. CANNIFF</u> <u>4-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VD <b>NAME</b> AMMONS, JERRY <b>STREET ADDRESS</b> 4106 61ST AVE. TERRACE W. <b>CITY-ST-ZIP</b> BRADENTON, FL 34210	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Kenneth Geisinger <b>STREET ADDRESS</b> 5811 Garden Lakes Fern <b>CITY-ST-ZIP</b> Bradenton FL 34203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> OTT, RICHARD <b>STREET ADDRESS</b> 2525 RINGLING BOULEVARD <b>CITY-ST-ZIP</b> SARASOTA, FL 342376212	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> LENNON, THOMAS <b>STREET ADDRESS</b> 603 63RD AVE., WEST #90 <b>CITY-ST-ZIP</b> BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> CANNIFF, CHARLEY <b>STREET ADDRESS</b> PO BOX 1472 ( 327 TARPON STREET ) <b>CITY-ST-ZIP</b> ANNA MARIA, FL 34216	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> LEWIS, BRIAN K <b>STREET ADDRESS</b> 6423 CARACARA ST <b>CITY-ST-ZIP</b> SARASOTA, FL 342419104	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Brian K. Lewis</u> <u>Treasurer/</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<u>5/1/2007</u> <u>941-923-7269</u> <small>Date Daytime Phone #</small>					