


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90070 025 ****62.50

DOCUMENT # 761500									
1. Entity Name MANATEE COUNTY, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER									
Principal Place of Business 327 TARYAN ST. ANNA MARIA, FL 34216 US		Mailing Address PO BOX 1472 ANNA MARIA, FL 34216-1472 US		4. FEI Number 59-2169764 <table border="1"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable	
Applied For									
Not Applicable									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		03042008 Chg-NP CR2E037 (12/06)					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CANNIFF, CHARLES 327 TARPON ST. ANNA MARIA, FL 34216				Name Street Address (P.O. Box Number is Not Acceptable) 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, 2008		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	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 checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	LEWIS, BRIAN K		NAME	SISSON, WILLIAM B.					
STREET ADDRESS	6423 CARACARA ST		STREET ADDRESS	808 53RD AVE E LOT 299					
CITY-ST-ZIP	SARASOTA, FL 342419104		CITY-ST-ZIP	BRADENTON, FL 34203-5825					
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GEISINGER, KENNETH		NAME						
STREET ADDRESS	5811 GARDEN LAKES FERN		STREET ADDRESS						
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			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: <i>William B. Sisson</i>		WILLIAM B SISSON		3/2/08 941 758 0229					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #					