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FILED

Jan 29 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762362 (2)

1. Corporation Name

MANATEE COUNTY SAVE OUR BAYS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5820 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228  
USP. O. BOX 14053  
C/O 123 EIGHTH STREET NORTH  
BRADENTON FL 34280-4053  
US3. Date Incorporated or Qualified  
03/09/19823a. Date of Last Report  
02/23/1996

2. Principal Place of Business

2a. Mailing Address

21 3660 IRONWOOD CIRCLE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT 504M

27

City &amp; State

City &amp; State

23 BRADENTON, FL

28

Zip

Country

Zip

Country

24 34209

25

USA

29

30

4. FEI Number  
59-2278535Applied For  
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REESE, THOMAS W. E  
2951 61ST AVENUE SOUTH  
ST. PETERSBURG FL 33712

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME FERNALD, CATHERINE  
STREET ADDRESS 5820 GULF OF MEXICO DR  
CITY-ST-ZIP LONGBOAT KEY FL1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME DORIS M. SCHEMBER  
1.3 STREET ADDRESS 3660 IRONWOOD CIRCLE, APT. 504M  
1.4 CITY-ST-ZIP BRADENTON, FL 34209TITLE VD ☒ DELETE  
NAME GREER, HOMER  
STREET ADDRESS 350 N. SHORE DR  
CITY-ST-ZIP LONGBOAT KEY FL2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME MRS JACK (VIRGINIA) SANDERS  
2.3 STREET ADDRESS 709 HIDEAWAY BAY DRIVE  
2.4 CITY-ST-ZIP LONGBOAT KEY, FL 34228TITLE T ☐ DELETE  
NAME PETERSON, ROGER  
STREET ADDRESS 1319 57TH ST. W.  
CITY-ST-ZIP BRADENTON, FL 000003.1 TITLE ☒ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS 6415 21ST AVE, WEST, APT 211  
3.4 CITY-ST-ZIP BRADENTON, FL 34209TITLE SD ☐ DELETE  
NAME PETERSON, VERNA HENNEY  
STREET ADDRESS 1319 57TH STREET WEST  
CITY-ST-ZIP BRADENTON FL4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 6415 21ST AVE, WEST, APT 211  
4.4 CITY-ST-ZIP BRADENTON, FL 34209TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Roger B. Peterson

CR2E037 (9/96)