

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90113 022 \*\*\*\*70.00

**DOCUMENT # 764366**

1. Entity Name

THE MANATEE COUNTY SHERIFF'S OFFICE RESERVE, INC.



Principal Place of Business

Mailing Address

COUNTY COURT HOUSE  
POBOX 1045  
BRADENTON FL 34206

COUNTY COURT HOUSE  
POBOX 1045  
BRADENTON FL 34206



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0050788

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, KEVIN  
18355 SR 62  
PARRISH FL 34219

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME WEBB, KEVIN  
STREET ADDRESS 18355 SR 62  
CITY- ST- ZIP PARRISH FL 34219

TITLE VP ☐ Change ☒ Addition  
NAME *walker, Richard*  
STREET ADDRESS *6902-249th St E*  
CITY- ST- ZIP *Myakka, FL 34251*

TITLE VP ☒ Delete  
NAME BEHRENS, KEVIN  
STREET ADDRESS 4550-47TH ST WEST SUITE 1702  
CITY- ST- ZIP BRADENTON FL 34210

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE TD ☐ Delete  
NAME STRAIGHT, EDWARD  
STREET ADDRESS 2207-AVE B  
CITY- ST- ZIP BRADENTON BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SD ☐ Delete  
NAME ALLEN, JOHN  
STREET ADDRESS 512 BAYVIEW DR  
CITY- ST- ZIP HOLMES BEACH FL 34217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Edward Straight* Edward Straight, TD 4-27-07 (941) 778-6324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #