


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 768269</b> 1. Entity Name <b>BRADENTON TROPICAL PALMS, INC.</b>						<b>FILED</b> <b>07 JUL 16 PM 2:59</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>2310 14TH STREET WEST</b> <b>BRADENTON, FL 34205 US</b>				Mailing Address <b>2310 14TH STREET WEST</b> <b>BRADENTON, FL 34205 US</b>			
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	
6. Name and Address of Current Registered Agent  <b>PERRY, NANCY L</b> <b>2310 14TH ST W.</b> <b>BRADENTON, FL 34205</b>				7. Name and Address of New Registered Agent Name <b>Frank Holcomb</b> Street Address (P.O. Box Number is Not Acceptable) <b>2512 17th St. Ct. West</b> City <b>Bradenton FL</b> Zip Code <b>34205</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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing 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>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEATTY, MAY 1503 22ND AVE. DR. W BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frank Holcomb 2512 17th St. Ct. West Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELSTHORDE, DALE 2516 16TH ST CT W BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600106640706 07/24/07--01052--006 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RATCLIFF, SUE 1503 25 AVE DR W BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Cummings 1507 23rd Ave West Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILLIER, LINDA 2700 17TH ST CT W BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNA, JOE 1410 22ND AVE DR W BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUMPERT, JAYNE 2415 17TH ST. LN. W. BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.							
<b>SIGNATURE:</b> <u>Frank B. Holcomb</u> <b>FRANK B. Holcomb</b> - 07/12/07 - 941-748-7251 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							