
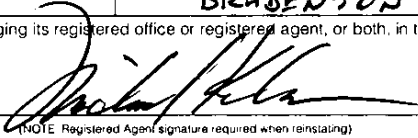
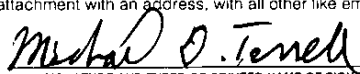


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90088 002 ****70.00

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # 769415 1. Entity Name MANATEE COUNTY SAFETY COUNCIL, INC. | | | |  | |
| Principal Place of Business 910 19TH AVE. W BRADENTON, FL 34205 | | | Mailing Address 910 19TH AVE. W BRADENTON, FL 34205 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2097996 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BINGHAM, DONALD LEE 910 19TH AVE W. BRADENTON, FL 34205 | | | 7. Name and Address of New Registered Agent Name KELLER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 910 19 AVE. W. City BRADENTON FL 34205 | | |
| 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 MICHAEL KELLER  7/6/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | D KOPER, RON 600 17TH ST W PALMETTO, FL 34221 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD TERRELL, MIKE 1112 MANATEE AVE W STE 969 BRADENTON, FL 34205 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DAVIS, DAVE 3902 MORNING DOVE DR BRADENTON, FL 34210 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD NOUD, MARY ANN 3342 17TH ST. SARASOTA, FL 34235 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SHARPE, WALLY 1112 MANATEE AVE W BRADENTON, FL 34205 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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:  MICHAEL D. TERRELL 7/6/07 941-705-5607 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

