

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

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**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2097996

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLER, MICHAEL
910 19TH AVE W.
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOPER, RON
STREET ADDRESS	600 17TH ST W
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	CD
NAME	TERRELL, MIKE
STREET ADDRESS	1112 MANATEE AVE W STE 969
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	PD
NAME	DAVIS, DAVE
STREET ADDRESS	3902 MORNING DOVE DR
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	STD
NAME	NOUD, MARY ANN
STREET ADDRESS	3342 17TH ST.
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	VPD
NAME	SHARPE, WALLY
STREET ADDRESS	1112 MANATEE AVE W
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000777336
01/10/08-80003-020 70.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08

Date

941-749-1171

Daytime Phone *