

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769415

FILED
Apr 28, 2009
Secretary of State

Entity Name: MANATEE COUNTY SAFETY COUNCIL, INC.

Current Principal Place of Business:

910 19TH AVE. W
BRADENTON, FL 34205

New Principal Place of Business:

5603 34TH ST. W.
BLDG. #10
BRADENTON, FL 34210

Current Mailing Address:

910 19TH AVE. W
BRADENTON, FL 34205

New Mailing Address:

P. O. BOX 10645
BRADENTON, FL 34282

FEI Number: 59-2097996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KELLER, MICHAEL
5603 34TH ST. W.
BLDG. #10
BRADENTON, FL 34210 US

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.

SIGNATURE: MICHAEL KELLER

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOPER, RON
Address: 600 17TH ST W
City-St-Zip: PALMETTO, FL 34221

Title: CD () Delete
Name: TERRELL, MIKE
Address: 1112 MANATEE AVE W STE 969
City-St-Zip: BRADENTON, FL 34205

Title: PD () Delete
Name: DAVIS, DAVE
Address: 3902 MORNING DOVE DR
City-St-Zip: BRADENTON, FL 34210

Title: STD () Delete
Name: NOUD, MARY ANN
Address: 3342 17TH ST.
City-St-Zip: SARASOTA, FL 34235

Title: VPD (X) Delete
Name: SHARPE, WALLY
Address: 1112 MANATEE AVE W
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: TERRELL, MIKE
Address: 1112 MANATEE AVE W STE 969
City-St-Zip: BRADENTON, FL 34205

Title: PD (X) Change () Addition
Name: DAVIS, DAVE
Address: 3902 MORNING DOVE DR
City-St-Zip: BRADENTON, FL 34210 FL

Title: VPD (X) Change () Addition
Name: SHARPE, WALLY
Address: 1112 MANATEE AVE W
City-St-Zip: BRADENTON, FL 34205

Title: STD (X) Change () Addition
Name: KOPER, RON
Address: 600 17TH ST W
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE DAVIS

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date