2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008008

1. Entity Name
CONCERNED CITIZENS OF MANATEE COUNTY, INC.

Principal Place of Business	Mailing Address
7819 SAN JUAN AVE. BRADENTON, FL 34209	7819 SAN JUAN AVE. BRADENTON, FL 34209

DO NOT WRITE IN THIS SPACE

04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number	Applied For
31-1751503	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, JOAN E
507 74TH ST.
HOLMES BEACH, FL 34217

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, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000154995 05/05/04-80019-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	TP	
NAME	WEBSTER, WILLIAM B	
STREET ADDRESS	7819 SAN JUAN AVE.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	TV	
NAME	STASICA, MARILYN	
STREET ADDRESS	1131 PALMA SOLA BLVD.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	S	
NAME	CERWIN, ANASTASIA	
STREET ADDRESS	855 WATERSIDE LANE	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	T	
NAME	PERRY, JOAN S	
STREET ADDRESS	507 74TH ST	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _William B. Webster_ 4/24/04 941-744-4268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #