2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Jan 16, 2007 8:00 am

DOCUMENT # N0100005715 1. Entity Name MANASOTA CHAPTER 199 K.W.V.A., INC.				01-16-2007 90258 025 ****70.00				
1407 39TH ST W 1407 39TH		Mailing Address 1407 39TH ST W BRADENTON, FL 34205	j				U t	~~~~
							MMH	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address ABOVE						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 C	ng-NP	CR2E037 (12/06)	
City & Stat		City & State		4. FEI Number		0122007 (plied For
City of State	•	Only a State		59-372440	17		- +	Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired		.75 Addi Required	
	6. Name and Address of Current R	egistered Agent	<u> </u>	7. Name and Add	ress of New F		•	
GILLETTE, GURLEY E 1407 39TH ST W			Name			**		
			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
BRADENI	ON, FL 34205				•			
			City			FL	Zip Code	,
	named entity submits this statement for	the purpose of changing its r	egistered office or regist	ered agent, or both, in	the State of Fl		iliar with, a	and accept
the obligat	tions of registered agent.							
OLONATI IDE								
SIGNATURE		<u></u>						
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)		DATE		
SIGNATURE	Filing Fee is \$61.25	9. Election Carry Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE Make check partine	-	
		9. Election Came Trust Fund Co	paign Financing	\$5.00 May Be	Fto	lake check parione	ent of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRI	9. Election Came Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Fto	lake check partine	ent of St	ate
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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: July M. Welmman Tressure

SIGNATURE AND TYPED OR PROVIDED HAME OF SIGNAMO OFFICER OR DIRECTOR

941-739-0868 Daytime Phone #