

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90153 026 \*\*\*\*61.25

<b>DOCUMENT # N02000007247</b> 1. Entity Name <b>MANATEE YOUNG MARINES OF CITRUS COUNTY, INC.</b>			
Principal Place of Business <b>5248 S. VENTI TERRACE INVERNESS, FL 34452-7888</b>		Mailing Address <b>5248 S. VENTI TERRACE INVERNESS, FL 34452-7888</b>	
2. Principal Place of Business <b>5170 E Tangelo LN</b> Suite, Apt. #, etc.		3. Mailing Address <b>5170 E Tangelo LN</b> Suite, Apt. #, etc.	
City & State <b>Inverness, FL</b> Zip Country <b>34453 Citrus</b>		City & State <b>Inverness, FL</b> Zip Country <b>34453 Citrus</b>	
4. FEI Number <b>38-2346425</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CECIL, JOAN A 5248 S. VENTI TERRACE INVERNESS, FL 34452-7888</b>		7. Name and Address of New Registered Agent Name <b>Kimberly Williams</b> Street Address (P.O. Box Number is Not Acceptable) <b>5170 E Tangelo LN</b> City <b>Inverness</b> <b>FL</b> Zip Code <b>34453</b>	
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 <i>Kimberly A. Williams</i> DATE <b>4/25/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME CECIL, JERRY D <input checked="" type="checkbox"/> Delete STREET ADDRESS 5248 S. VENTI TERRACE CITY-ST-ZIP INVERNESS, FL 344527888	TITLE PD NAME John Simerman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 22 Truman BLVD. CITY-ST-ZIP Beverly Hills, FL 34465		
TITLE VPD NAME CECIL, JOAN A <input checked="" type="checkbox"/> Delete STREET ADDRESS 5248 S. VENTI TERRACE CITY-ST-ZIP INVERNESS, FL 344527888	TITLE VPD NAME Kimberly Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5170 E Tangelo LN CITY-ST-ZIP Inverness, FL 34453		
TITLE ASD NAME MIMNAGH, SHERRI <input checked="" type="checkbox"/> Delete STREET ADDRESS 5630 W. TIRANA LANE CITY-ST-ZIP DUNNELLON, FL 34433	TITLE ASD NAME Sherri mimnagh <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 9 W Murray St. CITY-ST-ZIP Beverly Hills, FL 34465		
TITLE T NAME GANCEDO, JUANITA <input checked="" type="checkbox"/> Delete STREET ADDRESS 6982 N. GOLD LEAF PT CITY-ST-ZIP DUNNELLON, FL 34433	TITLE T NAME Bonnie Huggett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 4806 Knightsbridge Pl CITY-ST-ZIP Lecanto, FL 34461		
TITLE M NAME OSBORNE, CHARLES <input checked="" type="checkbox"/> Delete STREET ADDRESS 2975 E. QUEENS CT. CITY-ST-ZIP INVERNESS, FL 34453	TITLE M NAME Jimmie Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 1157 E Winnetha CITY-ST-ZIP Hernando, FL 34442		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE M NAME Angela Mitchell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 1521 Druid Rd CITY-ST-ZIP Inverness, FL 34453		
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: <i>Kimberly A. Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/25/05</b> Daytime Phone #	

14007175



04122005 Chg-NP CR2E037 (10/03)