2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 23, 2007 8:00 am DOCUMENT # N03000005828 **Secretary of State** 1. Entity Name 03-23-2007 90033 040 ****61.25 DAVA MANATEE COUNTY UNIT 18, INC. Principal Place of Business Mailing Address 111 63ND AVE E BRANDENTON FL 34203 6633 53RD AVE. E **BRANDENTON FL 34203** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDMOND, SHIRLEY 6633 53ND AVE, E LOT D71 BRADENTON FL 34203 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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. (NOTE: Registered Agent signature reflects when rejustating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DILE Addition ☐ Delete TITLE Change NAM REDMOND, SHIRLEY NAMI STREET LADDRESS STREET ADDRESS 6633 53RD AVE. E., LOT D71 CITY - ST- ZIP **BRANDENTON FL 34203** CITY ST ZIP HHE DC ☐ Defete Ш ☐ Change ☐ Addition NAML POWELL, PHYLLIS NAMI STREET ADDRESS P O BOX 10882 STREET ADDRESS CHY-ST-ZIP **BRADENTON FL 34282** CITY-ST-ZIP DEBBIE MCLAUGHLIN Change Delete HHE + DHE NAME NAM BARNSHAW, MARNA 1910 YALEAVEL. BRADENTON, FL 34207 STREET ADDRESS STREEL ADDRESS 808 SÄRD AVE. EAST CHY-SI-7IP CHY-SI-ZIP **BRADENTON FL 34203** ☐ Delete NAME NAME STREET ADDRESS STREET LADDRESS CHY-SI-7IP CHY-ST ZIP ☐ Defete ☐ Change ■ Addition HILL 11111 NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHTY+ST-ZIP TITLE ☐ Detete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. DINOND

SIGNATURE:

3/14/01 94/-751-675/

FILED