

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000010009

1. Entity Name  
MANATEE COUNTY FOREVER, INC.



Principal Place of Business  
802 11TH STREET WEST  
BRADENTON, FL 34205

Mailing Address  
802 11TH STREET WEST  
BRADENTON, FL 34205



04202005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0123027

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BLALOCK, LANDERS, WALTERS, & VOGLER, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205

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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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	EGOLF, ROBERT W
STREET ADDRESS	852 ALDERWOOD WAY
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	DVP
NAME	BADEN, EARL W JR
STREET ADDRESS	1101 6TH AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	ST
NAME	PARENT, BURDETTE R JR
STREET ADDRESS	1301 6TH AVENUE W. #600
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D
NAME	WALTERS, CLIFFORD L
STREET ADDRESS	802 11TH ST. W.
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D
NAME	ZACHARIAS, JAMES A
STREET ADDRESS	4512 121ST COURT W
CITY-ST-ZIP	CORTEZ, FL 34215
TITLE	D
NAME	SPIRTAS, NEIL
STREET ADDRESS	222 10TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34205

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04/27/05-80167-006 61.25

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Burdette R. Parent, Jr., CPA