


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # N03000010009 1. Entity Name MANATEE COUNTY FOREVER, INC.	
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Principal Place of Business
% BUD R. PARENT, CPA
1301 6TH AVE W., 6TH FLOOR
BRADENTON, FL 34205

Mailing Address
% BUD R. PARENT, CPA
1301 6TH AVE W., 6TH FLOOR
BRADENTON, FL 34205



04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0123027	Applied For Not Applicable
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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/14/07-80003-013 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BURDETTE R. PARENT, JR

Date

4/26/07

Daytime Phone #

EB 402554799US