


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000010009</b> 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
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**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 90-0123027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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**DO NOT WRITE  
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, 2008**

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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IN THIS SPACE**

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05/27/08-80073-015 61.25

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

Date

Daytime Phone #

4/29/08

941-792-0095