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

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Apr 17, 2008 8:00 am Secretary of State DOCUMENT # N04000006867 04-17-2008 90032 037 ****61.25 PALMS OF MANASOTA COMMUNITY ACTION PROGRAM, INC. Principal Place of Business Mailing Address 110 49 CT EAST 110 49 CT EAST PALMETTO, FL 34221 US PALMETTO, FL 34221 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 122 49 TH COURTE 122 49TH COURT E Suite, Apt. #, etc. Suite, Apt. #, etc. 03132008 Chg-NP CR2E037 (12/06) City & State PALMETTO City & State 4. FEI Number Applied For PALMETTO FL. 59-3793770 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34221 34221 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUMISKY LEE, LINDA Street Address (P.O.Box Number is Not Acceptable) 110 49 CT EAST PALMETTO, FL 34221 City PALMETTO 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. C. CUMISKY 4-15-08 Filing Fee is \$61.25 Due by May 1, 2008 Make check payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 P 🤌 LEE LINDA TITLE Detete TEST F P JOAN LEBLANC 224 51 ST ST., CIRCLEE. PALMETTO, FL. 34221 NAME NAME 110 49 CT EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP TITLE ☐ Delete TITLE **Addition** MARY C. CUMISKY 122 4974 COURTE NAME NAME كيور STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO, FL. 34221 IIII F ☐ Delete TITLE Addition RANDALL W. RENTERO 108 5155T. CIRCLE E. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO, FL. 34221 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME MALJE STREET ADDRESS STREET ADDRESS

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

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