

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

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000008380

1. Entity Name
NEWS MANATEE, INC.



Principal Place of Business
**3715 14TH STREET WEST
SUITE 17
BRADENTON, FL 34205**

Mailing Address
**3715 14TH STREET WEST
SUITE 17
BRADENTON, FL 34205**



02112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0885362

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ATKINS, CAROLE
3715 14TH STREET WEST
SUITE 17
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

**000000726149
05/03/07-80049-024 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
QUINN, MICHAEL C
3715 14TH STREET WEST, SUITE 17
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPT
ATKINS, CAROLE
3715 14TH STREET WEST, SUITE 17
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
MURPHY, K. FRANCIS
3715 14TH ST W 17
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

MICHAEL C QUINN

Date

4/17/07

Daytime Phone #

941-746-1157