## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED CORPORATION Mar 03, 2006 8:00 am Secretary of State

DOCUMENT # N0500003010  1. Entity Name THE MANATEE AGING NETWORK, INC.								01-27-2006 9	00034 039 ***	**61.25
Principal Place of Business P.O. BOX 11352 BRADENTON, FL 34282			P.O. (	Mailing Address P.O. BOX 11352 BRADENTON, FL 34282						
2. Principal Place of Business			3. Mailing Address			-				
Suite, Apt. *, etc.			Suite, Apt. #, etc.			01182008 C	hg-NP C	R2E037 (11/05)		
City & State			City & State				4. FEI Number 65 - 033	39076	<b>→</b>	polied For of Applicable
Zip	Country		Zip	Zip Co		r <b>y</b>	5. Certificate of S		\$8.75 Add	
	6. Name	and Address of Current F	Registere	d Agent			7. Name and Add	iress of New Regis	tered Agent	
-AAA BOOKKEEPING & TAX SERVICE						Name Street Address (P.O. Box Number is Not Acceptable)				
3639 CORTEZ ROAD WEST SUITE 250 BRADENTON, FL 34210					-		7 ( ) O . O . NO . NO . NO . NO . NO . NO .	Troi Acceptable/	· · · - ·	
BIADERTON, TE SAZIO				ì		City			FL Zip Code	e
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, it am familiar with, and accept the obligations of registered agent.										
_	•	•								
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title it appl	Icable. (NOTE	. Registered A	gent Ligheture Helpur	red when remutating)		DATE	
					paign Fina ontribution		\$5.00 May Be Added to Fees		check payable to Department of Si	
10.	•	OFFICERS AND DIR	ECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN	10
TILE	P			Detete	TITLE	N.	φ		Change	Addition
NAME STREET ADDRESS	CASSIDY, KAREN \$ 40347 US HWY 19, STE 217			•	HAME STREET	100 100 100 100 100 100 100 100 100 100	ICHAEL JI 144 BER RI	CHAEL JULEAM 44 BER RIGGE ROAD #114		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689				CITY - ST	·20 SA	EASOTA, 7634239			
TITLE				Detete	TITLE	10	LESPONDING SECRETHAY A Change   Addition			☐ Addition
HAME STREET ADDRESS					NAME	ADDRESS			•	
CITY-ST-ZIP	BRADENTON, FL 34210				CITY-ST	1				
TITLE	VP			Delete	TITLE	T		)	Change	Addition
NAME Street address					NAME	ADDRESS P.	NTHIA F	THUNIER!		<b>'</b>
CITY-ST-ZIP		FL 33573			CITY-ST	21P	CADENTO	AL 34.3	4206	ļ
inte	Т	<del> </del>		Oelete	HILE		SIDENT	· · · · · · · · ·	Z Change	Addition
NAME	ROGERS,				NAME				, ,	Ì
STREET ADDRESS CITY-ST-ZIP		4/				ADDRESS				
CHT-SI-ZP	P.O. BOX BRADENT	ON, FL 34208			CITY-ST	- ZTP				
TITLE	BRADENT A.T.	ON, FL 34208		☐ Delete	TITLE		E PRESIDE	NT	Change	Addition
TITLE NAME	BRADENT A.T. GLUCK, M	ON, FL 34206 IARLIES		Delete	TITLE	V 10	e Preside	NT	☑ Change	Addition ·
TITLE	BRADENT A.T. GLUCK, M 332 WHIS	ON, FL 34208	r	☐ Delete	TITLE	V /C	e Preside	NT	☑ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRADENT A.T. GLUCK, M 332 WHIS SARASOT S	ON, FL 34206 IARLIES PERING OAKS COURT A, FL 34232	····	Ociete  Delete	TITLE NAME STREET	V /C	e Pleside	NT	€ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BRADENT A.T. GLUCK, M 332 WHIS SARASOT S MENEELY	ON, FL 34206  IARLIES PERING OAKS COURT A, FL 34232  , HELEN		·	TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS - ZIP	e Pleside	NT	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRADENT A.T. GLUCK, M 332 WHIS SARASOT S MENEELY 303 13TH	ON, FL 34206  IARLIES PERING OAKS COURT A, FL 34232  , HELEN		·	TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS .	LE PLESIDE	NT	•	
TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP 12. I hereby c indicated of the con-	BRADENT A.T. GLUCK, M 332 WHIS SARASOT S MENEELY 303 13TH BRADENT certify that the on this repor	ON, FL 34206  IARLIES PERING OAKS COURT A, FL 34232  , HELEN AVE. E.	this filing true and a wered to	Delete  does not qualify for accurate and that mercute this report are like empowered.	TITLE NAME STREET / CITY-ST THE NAME STREET / CITY-ST	ADDRESS - ZIP  ADDRESS - ZIP  Dilions contains e shall have the d by Chapter 6	ed in Chapter 119, Flo e same legal effect as	rida Statutes. I furthi	Change  cr certify that the introduction that I am an officer	Addition

ASSISTANT TRENSURER JULIE GUERNSEY 1450 TOLEWOOD Ct. SARASOTA, 41 34243

ATTACHMENT 66003448

## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2006

THE MANATEE AGING NETWORK, INC. P.O. BOX 11352 BRADENTON, FL 34282

Subject: THE MANATEE AGING NETWORK, INC.

Reference Number:

-N05000003010

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION