


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90048 009 \*\*\*\*61.25

<b>DOCUMENT # N05000003010</b>					
<b>1. Entity Name</b> THE MANATEE AGING NETWORK, INC.					
<b>Principal Place of Business</b> P.O. BOX 11352 BRADENTON, FL 34282			<b>Mailing Address</b> P.O. BOX 11352 BRADENTON, FL 34282		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0339076	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  AAA BOOKKEEPING & TAX SERVICE 3639 CORTEZ ROAD WEST SUITE 250 BRADENTON, FL 34210			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed &amp; printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP	<b>NAME</b> JUCEAM, MCHAEAL		<b>TITLE</b> P	<b>NAME</b> JUCEAM, MICHAEL	
<b>STREET ADDRESS</b> 2344 BEE RIDGE RD 114	<b>CITY- ST- ZIP</b> SARASOTA, FL 34239		<b>STREET ADDRESS</b> 2344 BEE RIDGE RD 114	<b>CITY- ST- ZIP</b> SARASOTA, FL 34239	
<b>TITLE</b> CS	<b>NAME</b> WEBSTER, MARSHALL		<b>TITLE</b> AT	<b>NAME</b> WEBSTER, MARSHALL	
<b>STREET ADDRESS</b> 5917 MANATEE AVE. W, STE 505	<b>CITY- ST- ZIP</b> BRADENTON, FL 34210		<b>STREET ADDRESS</b> 5715 26TH ST W	<b>CITY- ST- ZIP</b> BRADENTON FL 34207	
<b>TITLE</b> T	<b>NAME</b> PALMIERI, CYNTHIA		<b>TITLE</b> T	<b>NAME</b> GARY HUMPHREYS	
<b>STREET ADDRESS</b> P.O. BOX 47	<b>CITY- ST- ZIP</b> BRADENTON, FL 34206		<b>STREET ADDRESS</b> 2915 FIDDLERS BEED	<b>CITY- ST- ZIP</b> PALMETTO FL 34221	
<b>TITLE</b> IPP	<b>NAME</b> ROGERS, REBA		<b>TITLE</b> VP	<b>NAME</b> TREWIN, JILL	
<b>STREET ADDRESS</b> P.O. BOX 47	<b>CITY- ST- ZIP</b> BRADENTON, FL 34206		<b>STREET ADDRESS</b> 5715 26TH ST W	<b>CITY- ST- ZIP</b> BRADENTON, FL 34207	
<b>TITLE</b> P	<b>NAME</b> GLUCK, MARLIES		<b>TITLE</b> S	<b>NAME</b> WORTHINE, LINDA	
<b>STREET ADDRESS</b> 332 WHISPERING OAKS COURT	<b>CITY- ST- ZIP</b> SARASOTA, FL 34232		<b>STREET ADDRESS</b> 4705 26TH ST W	<b>CITY- ST- ZIP</b> BRADENTON FL 34207	
<b>TITLE</b> S	<b>NAME</b> WORTHINE, LINDA				
<b>STREET ADDRESS</b> 4705 26TH ST W	<b>CITY- ST- ZIP</b> BRADENTON, FL 34207				
<b>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.</b>					
<b>SIGNATURE:</b> _____			1/17/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			941-737-7351		
Date			Daytime Phone: #		