2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003010

Entity Name: THE MANATEE AGING NETWORK, INC.

FILED Jaņ 15, 2<u>00</u>9 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P.O. BOX 11352 3639 CORTEZ ROAD WEST BRADENTON, FL 34282

SUITE 250

BRADENTON, FL 34210

Current Mailing Address: New Mailing Address:

P.O. BOX 11352

BRADENTON, FL 34282

FEI Number: 65-0339076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AAA BOOKKEEPING & TAX SERVICE 3639 CORTEZ ROAD WEST SUITE 250 BRADENTON, FL 34210 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

JOCEM, MICHAEL TREWIN, JILL Name: Name: 2344 BEE RIDGE RD 114 Address: 5715 26TH ST W Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: BRADENTON, FL 34207

Title: Title: () Delete () Change () Addition

WEBSTER, MARSHALL Name: Name: Address: 5715 26TH ST W Address: City-St-Zip: BRADENTON, FL 34207 City-St-Zip:

Title: () Delete Title: () Change () Addition

HUMPHREYS, GARY Name: Name: 2915 FIDDLERS BEND Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip:

(X) Change () Addition Title: IPP () Delete Title:

ROGERS, REBA Name: Name: JUCEAM, MICHAEL 2344 BEE RIDGE RD 114 Address: P.O. BOX 47 Address: BRADENTON, FL 34206 City-St-Zip: City-St-Zip: SARASOTA, FL 34239

Title: () Delete Title: VΡ (X) Change () Addition

TREWIN, JILL PALMIERI, CYNTHIA Name: Name:

5715 26TH ST W PO BOX 47 Address: Address:

City-St-Zip: BRADENTON, FL 34207 City-St-Zip: BRADENTON, FL 34206

Title: () Delete Title: () Change () Addition WORHTING, LINDA Name: Name:

Address: 4705 26TH ST W Address: BRADENTON, FL 34207 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY HUMPHREYS Т 01/15/2009