

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2009
Secretary of State**

DOCUMENT# N05000004036

Entity Name: SEAN MANNING FOUNDATION, INC.

Current Principal Place of Business:

3150 2ND ST WEST
ST. PETERSBURG, FL 33706

New Principal Place of Business:

Current Mailing Address:

3150 2ND ST WEST
ST. PETERSBURG, FL 33706

New Mailing Address:

FEI Number: 08-8582798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANNING, R. SEAN
3150 2ND ST WEST
ST. PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: MANNING, R. SEAN
Address: 3150 2ND STREET WEST
City-St-Zip: ST. PETERSBURG, FL 33706

Title: D () Delete
Name: MANNING, LAWRENCE W
Address: 111 FREDONIA RD.
City-St-Zip: GREENVILLE, PA 16125

Title: D () Delete
Name: MANNING, SHANNON A
Address: 3150 2ND STREET WEST
City-St-Zip: ST PETE BEACH, FL 33706

Title: D () Delete
Name: MANNING, SEAN W
Address: 3150 2ND STREET WEST
City-St-Zip: ST PETE BEACH, FL 33706

Title: D () Delete
Name: CZYRNY, DENISE M
Address: 7135 BEAR RIDGE RD.
City-St-Zip: N. TONAWANDA, NY 14120

Title: D () Delete
Name: CZYRNY, KATIE K
Address: 7135 BEAR RIDGE RD.
City-St-Zip: N. TONAWANDA, NY 14120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: R. SEAN MANNING

D

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date