

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90185 040 ****61.25

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04212008 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000004675	
1. Entity Name FAMILY PROMISE OF MANATEE COUNTY, INC.	



Principal Place of Business 6510 3RD AVE W. BRADENTON, FL 34209	Mailing Address P.O. BOX 14403 BRADENTON, FL 34280
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2. Principal Place of Business - No P.O. Box # 926-15th Street West	3. Mailing Address P.O. Box 549
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bradenton, FL	City & State Bradenton, FL
Zip 34205	Zip 34206
Country USA	Country USA

8. Name and Address of Current Registered Agent SMITH, GILBERT A JR. 601 12TH ST W BRADENTON, FL 34204	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOEMAKER, DIANA 5208 3RD AVE DR NW BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZBELL, DONALD 504 65TH ST C NW BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATEY, GARY PASTOR 7611 2ND AVE W. BRADENTON, FL 34209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANN, JUDY C 3510 9TH AVE W BRADENTON, FL 34205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, CAROLE 222 OLD MAIN ST APT #311 BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTSON, HEATHER PASTOR 2311 14TH AVE WEST #301 PALMETTO, FL 34221 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fowler, J. Kurt 1230 - 136th Street NG Bradenton, FL 34212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, Deidre 4850 - 51st Street West #5203 Bradenton, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brann, Judy C 3510 - 9th Ave W. Bradenton, FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norment, Marcia 6030 - 66th Street Circle East Palmetto, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robertson, Heather, Pastor 2311 - 14th Ave west #301 Palmetto, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

Deidre Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 941-748-4740
Date Daytime Phone #