

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000000671

1. Entity Name

MANATEE CHAMBER FOUNDATION, INC.



Principal Place of Business

**222 10TH STREET WEST
BRADENTON, FL 34205**

Mailing Address

**222 10TH STREET WEST
BRADENTON, FL 34205**



02222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4359813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, J. BRIAN DR.
STREET ADDRESS	2003 CORTEZ RD. WEST
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	VD
NAME	SEDGEMAN, WILLIAM H JR.
STREET ADDRESS	6000 STATE RD 70 EAST
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	STD
NAME	BARTZ, ROBERT P
STREET ADDRESS	222 10TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D
NAME	BECK, ROBERT G
STREET ADDRESS	8433 ENTERPRISE CIR., SUITE 110
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	D
NAME	WINDER, REID
STREET ADDRESS	6350 GULF OF MEXICO DR. STE 101
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000840989
03/07/08-80015-023 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/08 941-748-4842

Robert Bartz