* 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # N0600006155 1. Entity Name PATRICK & CHARLENE NEAL FOUNDATION FOR MANATEE, INC.							04-28-2008 90320 040 ****61.25					
1003 59TH STREET NORTH WEST 1003				Address 59TH STREET NORTH WEST ENTON, FL 34209			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADIIA EIIM EDIM O	. Ball 98411 68114 88111	L 8/18) 88) 8/18] 8/1	 1 11 1 	
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City & Stat		FL		i lenton		FL		4. FEI Numbe 20-512			<u> </u>	plied For Applicable
Zip Country Zip 34202 U.S 34								5. Certificate of Status Desired See Required Fee Required				
	6. Name	and Address of Current R	Registered Age	ent		Nama			· · · · · · · · · · · · · · · · · · ·	New Registere	d Agent	
BLALOCK, WALTERS, HELD & JOHNSON, P.A.							JAMES R	. SCHIE	R			
802 11TH STREET WEST						Street A	ddress (P.O. Box Numb	er is Not Acce	:ptable)		,
BRADENTON, FL 34205												l-a
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8. The above the obligat	named entit	ty submits this statement for tered agent.	the purpose o	f changing its	register	City	Bro	rdent	ON	F		and accept
8. The above the obligat	e named entit tions of regis	ty submits this statement for tered agent.	the purpose o	f changing its	register	City	Bro	adent red agent, or bo	O N th, in the State	F		and accept
8. The above the obligate	tions of regis	tered agent.	R	f changing its	register	City	Bro	rdent	O N th, in the State	e of Florida. I a	L Zin Cod m familiar with,	and accept
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

Leverby 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

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

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 tastee 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 andress, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/5/08

Daytime Phone #

☐ Change

☐ Addition