2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N07000003009 04-14-2008 90049 005 ****61.25 MANATEE SARASOTA CARNIVAL. INC. Principal Place of Business Mailing Address 5720 MANATEE AVE. W. 5720 MANATEE AVE. W. 66009946 BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 20 -8591466 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, ETHELENE Street Address (P.O. Box Number is Not Acceptable) 5720 MANATEE AVE. W. BRADENTON, FL 34209 Cit 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 (NOTE: Registered Agent tignisture required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be \Box_{κ} Trust Fund Contribution. Florida Department of State Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Spence, Fredrick D. Dir, V.P. TITLE Delete MAKYMEN, DAVID NAME MAAR 4845 Greymoss Lane STREET ADDRESS 3637 2ND AVE. S. STREET ADDRESS ST, PETERSBURG, FL 33711 CITY-SI-ZIP Samusota, Fl CITY-ST-ZIP Delete Dir, Sec. ☐ Change Z Addition TITLE woodie, Martie WATERS, BRANDICE NAME NAME 3903 IGZAN Ave East 802 71ST NW STREET ADDRESS STREET ADDRESS CITY - S1 - 20P C17Y-ST-ZIP BRADENTON, FL 34209 Bradenton RI TITLE Delete TITLE moore, Ethelene MOORE, ETHELENE NAME NAME 9405 171- AK N.W. STREET ADORESS 9405 17TH AVE., NW STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-7IP Bradenton Fr 34209 Delete TITLE Dir., Tres. **Acdition** TITLE Kalicharan, Allison 515 20th St. East NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-ZIP F1 34221 notification Delete Dir. ☐ Chance TITLE Devon, George NAME NAME 25333 Flying Ebony STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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.

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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-10-08

FILED

May 07, 2008 8:00 am