2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008316

FILED Feb 27, 2009 Secretary of State

Entity Name: MANATEE COUNTY SENIOR ADVOCACY COUNCIL, INC

Current Principal Place of Business: New Principal Place of Business: 4051 MANATEE AVE. WEST 1120 33RD AVE. WEST BRADENTON, FL 34205 BRADENTON, FL 34205 US **Current Mailing Address: New Mailing Address:** P.O. BOX 144 1120 33RD AVE. WEST BRADENTON, FL 34205 US BRADENTON, FL 34205 US FEI Number: 32-0257180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POSTON, PATRICIA M FALLON, LOIS J TREASUR 1120 33RD AVE. WEST 4051 MANATEE AVE. W BRADENTON, FL 34205 US BRADENTON, FL 34205 US 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: LOIS J. FALLON 02/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete POSTON, PATRICIA Name: Name: 4015 MANATEE AVE. W. Address: Address: City-St-Zip: BRADENTON, FL 34205 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: WORTHING, LINDA Name: Address: 4015 MANATEE AVE. W Address: City-St-Zip: BRADENTON, FL 34205 US City-St-Zip: Title: () Delete Title: () Change () Addition HYNTON, MELISSA Name: Name: 4015 MANATEE AVE. W Address: Address: City-St-Zip: BRADENTON, FL 334205 US City-St-Zip: () Delete Title: Title: () Change () Addition FALLON, LOIS Name: Name: Address: 4015 MANATEE AVE. W Address: City-St-Zip: BRADENTON, FL 34205 US 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: LOIS J. FALLON TREA 02/27/2009