

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08431

(1)

1. Corporation Name

THE MANATEE PLAYERS, INC.

Principal Place of Business

Mailing Address

**102 OLD MAIN ST.
BRADENTON FL 34205**

**102 OLD MAIN ST.
BRADENTON FL 34205**



3. Date Incorporated or Qualified
03/28/1985

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1196043

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, LINDA
1704 54TH CT., W.
BRADENTON FL 34209**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **THOMAS, LINDA**
CITY-STATE-ZIP **1704 54TH ST., CT., W.
BRADENTON FL 34209**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **KLEMENT, ROBERT**
CITY-STATE-ZIP **416 51ST ST., N.W.
BRADENTON FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **DULL, SUSAN K.**
2.4 CITY-STATE-ZIP **6111 HOPKINS DR. N.
BRADENTON, FL 34207**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **NIELSEN-RICE, RUTH**
CITY-STATE-ZIP **1205 31ST AVENUE WEST
PALMETTO FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TD**
3.3 STREET ADDRESS **KLEMENT, ROBERT**
3.4 CITY-STATE-ZIP **416 51ST ST., N.W.
BRADENTON, FL 34209**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **ALLAN, SUSSANNE**
CITY-STATE-ZIP **4611 18TH AVENUE WEST
BRADENTON FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **SD**
4.3 STREET ADDRESS **NEWSOME, MARGARET**
4.4 CITY-STATE-ZIP **10608 OAKRUN DR.
BRADENTON, FL 34202**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)