2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08431

City-St-Zip:

SAINT PETERSBURG, FL 33711

FILED Sep 01, 2004 Secretary of State

Entity Name: THE MANATEE PLAYERS, INC.						
Current Pr	incipal Place	of Business:	New Principal Place of Business:			
102 OLD M BRADENT	IAIN ST. ON, FL 34205					
Current Ma	ailing Addres	s:	New Mailing Address:			
102 OLD M BRADENT	IAIN ST. ON, FL 34205					
FEI Number:	El Number: 59-1196043 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:		
	LESLIE RESS HOLLOV A, FL 34238	V DR. US				
The above in the State		ubmits this statement for the pu	irpose of changing it	ts registered	I office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt	Date		
OFFICERS	AND DIRECT	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () GARDIER, LESI 8443 CYPRESS SARASOTA, FL	HOLLOW DR.	Title: Name: Address: City-St-Zip:	ı	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () HUNTER, ROBE 2513 NIGHTENG BRADENTON, F	SALE LANE	Title: Name: Address: City-St-Zip:	ı	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () JOHNSON, CHE 808 89TH ST. N BRADENTON, F	W	Title: Name: Address: City-St-Zip:	T WEST, HAL 118 TIDY ISL BRADENTON		
Title: Name: Address: City-St-Zip:	MD () BARON, DEBRA 321 SO. OSPRE SARASOTA, FL	EY AVE	Title: Name: Address: City-St-Zip:	HAMM, JODY	AVENUE WEST	
Title: Name: Address:	MD () LASSITER, BRI 115 39TH STRE		Title: Name: Address:	MD KERBY, RICI 2407 FALCO		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

BRADENTON, FL 34209

SIGNATURE: LESLIE GARDIER Ρ 09/01/2004