2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

POOLINE II MOOACA								04-13-2005 90065 025 ****61.25					
DOCUMENT # N08431 1. Entity Name THE MANATEE PLAYERS, INC.													
Principal Place of Business Mailing Address								-	100				
102 OLD MAIN ST. BRADENTON, FL 34205				102 OLD MAIN ST. BRADENTON, FL 34205							1001 0701 0		
Principal Place of Business 3. Mailing Address													
2. Principai i	-lace of Busin	3. Mailing Address					UBIOJ IOKII BIERS (1)291 LI 	IDI REDIE BLOGE BIDIE	01311 B1381 011	WE TO ISE			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03212005	Chg-NP	CR2E037	' (10/03)		
City & State			City & State					4. FEI Numbe 59-1196				oplied For ot Applicable	
Zip	Country		Zij	Zip		untry	5. Certificate of Status Desired				8.75 Add ee Require	ditional	
6. Name and Address of Current Re				gistered Agent			7. Name and Address of New Registered Agent						
GARDIER, LESLIE 8443 CYPRESS HOLLOW DR. SARASOTA, FL 34238				,			Name Street Address (P.O. Box Number is Not Acceptable)						
SAINAGO	A, FL 342	230											
						City			··	FL	Zip Cod	8	
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 a the obligations of registered agent.												and accept	
SIGNATURE													
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution.								\$5.00 May Be Added to Fees	Flo		payable to nent of Si	late	
10.	T P	OFFICERS AND DI					3	ADDITIONS/CHA	NGES TO OFFICE		CTORS IN		
NAME	GARDIER, LESLIE			Delete TITLE NAME			Che	eryl Joh	inson		Criange	Addition	
STREET ADDRESS CITY-ST-ZIP	8443 CYP				ET ADDRESS -ST-ZIP	808 894 Street NW Bradenton, FL 34209							
TITLE	SARASOTA, FL 34238			Delete			D.C.	LACKTON	, FL 343		Change	Addition	
NAME	HUNTER, ROBERT			,						·			
STREET ADDRESS CITY-ST-ZIP	1	HTENGALE LANE FON, FL 34209				ET ADORESS - ST-ZIP						ı	
TITLE	Т			☐ Delete	ារាជ						Change	Addition	
NAME STREET ADDRESS	WEST, HAL ESS 118 TIDY ISLAND BLVD.			N/ St								ļ	
CITY-ST-ZIP	1	ON, FL 34210				- ST - ZIP							
TITLE	ED HAMM, JODY			Delete							Change	☐ Addition	
NAME STREET ADDRESS		D AVENUE WEST			NAM STRE	et address							
CITY-ST-ZIP	 	ON, FL 34209			-1	-ST-ZIP						. <u> </u>	
TITLE NAME	MD KERBY, RICK			Delete 117L							☐ Change	☐ Addition	
STREET ADDRESS				STREE									
CITY-ST-ZIP	BRADENI	ON, FL 34209		☐ Delete	TITLE	-ST-ZIP					Change	☐ Addition	
NAME				NAME						•	•		
STREET ADDRESS CITY-ST-ZIP						et address - St- ZIP							
12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.													
changed, or on an attachment with an address with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Changed, or on an attachment with an address with all other like empowered. (941) 748-0111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Changed, or on an attachment with an address with all other like empowered. (941) Changed, or on an attachment with an address with all other like empowered. (941) Changed, or on an attachment with an address with all other like empowered. (941)												<u> </u>	