

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90016 038 ****61.25

DOCUMENT # N14416

1. Entity Name

MANATEE WILDCATS FOOTBALL, INC.



Principal Place of Business

1906D 59TH STREET
BRADENTON FL 34209-4662

Mailing Address

1906D 59TH STREET
BRADENTON FL 34209-4662



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E037 (10/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2681771

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMEIO, CHARLES
1906D 59TH ST WEST
BRADENTON FL 34209

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Non-stated Agent signature not used when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TOMEIO, DR. CHARLES
STREET ADDRESS 1906D 59TH ST WEST
CITY-ST-ZIP BRADENTON FL

TITLE TS ☐ Delete
NAME GRAHAM, DIANE
STREET ADDRESS 1906D 59TH ST WEST
CITY-ST-ZIP BRADENTON FL

TITLE VD ☒ Delete
NAME BROWN, STAN
STREET ADDRESS 1906D 59TH WEST
CITY-ST-ZIP BRADENTON FL

TITLE VP ☐ Delete
NAME VITA, JOHN
STREET ADDRESS 1906 --D 59TH ST W
CITY-ST-ZIP BRADENTON FL 34209

TITLE VP ☐ Delete
NAME NICK Pagnotta
STREET ADDRESS 1906-D 59th st w
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE:

Diane E Graham 2-1-08 941-7920088