

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14416

FILED
Feb 21, 2009
Secretary of State

Entity Name: MANATEE WILDCATS FOOTBALL, INC.

Current Principal Place of Business:

1906D 59TH STREET
BRADENTON, FL 342094662

New Principal Place of Business:

Current Mailing Address:

1906D 59TH STREET
BRADENTON, FL 342094662

New Mailing Address:

FEI Number: 59-2681771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOMEIO, DR. CHARLES,
Address: 1906D 59TH ST WEST
City-St-Zip: BRADENTON, FL

Title: TS () Delete
Name: GRAHAM, DIANE
Address: 1906D 59TH ST WEST
City-St-Zip: BRADENTON, FL

Title: VP () Delete
Name: VITA, JOHN
Address: 1906 --D 59TH ST W
City-St-Zip: BRADENTON, FL 34209

Title: VP () Delete
Name: PAGNOTTA, NICK
Address: 1906 D. 59TH STE.
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOMEIO, DR. CHARLES,
Address: 1906D 59TH ST WEST
City-St-Zip: BRADENTON, FL 34209

Title: TS (X) Change () Addition
Name: GRAHAM, DIANE
Address: 1906D 59TH ST WEST
City-St-Zip: BRADENTON, FL 34205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CHARLES TOMEIO

PRES

02/21/2009

Electronic Signature of Signing Officer or Director

Date