

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22308

FILED
Apr 19, 2009
Secretary of State

Entity Name: A TASTE OF MANATEE COUNTY, INC.

Current Principal Place of Business:

2945 TAYWOOD MEADOW
SARASOTA, FL 34235 US

New Principal Place of Business:

7461 WEST COUNTRY CLUB DR.N.
#101
SARASOTA, FL 34243 US

Current Mailing Address:

P O BOX 9869
BRADENTON, FL 34206 US

New Mailing Address:

7461 WEST COUNTRY CLUB DR.N.
#101
SARASOTA, FL 34243 US

FEI Number: 59-2842902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFEY, FREDRICK
2945 TAYWOOD MEADOW
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

COFFEY, FREDERICK
7461 WEST COUNTRY CLUB DR.N.
#101
SARASOTA, FL 34243 US

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: FREDERICK COFFEY

04/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALLO, ANTHONY
Address: 1502 5TH ST W
City-St-Zip: PALMETTO, FL 34221

Title: VTD () Delete
Name: COFFEY, FREDERICK
Address: 2945 TAYWOOD MEADOW
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: COFFEY, CARLY
Address: 2945 TAYWOOD MEADOW
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COFFEY, FREDERICK
Address: 7461 WEST COUNTRY CLUB DR.N. #101
City-St-Zip: SARASOTA, FL 34243 US

Title: VTD (X) Change () Addition
Name: GALLO, ANTHONY
Address: 1502 5TH STREET WEST
City-St-Zip: PALMETTO, FL 34221 US

Title: D (X) Change () Addition
Name: COFFEY, CARLY
Address: 7461 WEST COUNTRY CLUB DR.N. #101
City-St-Zip: SARASOTA, FL 34243 US

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: FREDERICK COFFEY

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date