FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N22845

(4)

LITTLE MANATEE PRESERVATION COMMITTEE, INC.

Principal Place of Business Mailing Address							
% Lapniews 18001 US 30 Wimauma Fl	1 S	18001 US 301 S WIMAUMA FL 33598	WIMAUMA FL 33598				
US		US			3. Date Incorporated or Qualified 10/06/1987	3a. Date of Last 03/08/1	Report 995
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc.		[26]		59-2918096	П	Not Applicable	
22		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	11 '	Additional
City & State		City & State			6. Election Campaign Financing		Required
23		28	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	try	8. This corporation has liability for intangible tax upder s. 199.032,		
24	9. Name and Address of Curr	29	30		Florida Statutes Yes 10. Name and Address of New Registered Agent		
	9. Name and Address of Com	ent negistereo Agent		31 Name	10. Name and Address of New Re	gistered Agent	
LAPNIEV	VSKI, FRANK						
18001 U			82 Street Add		ress (P.O. Box Number is Not Acceptable)	
	IA FL 33598		h	33			
				34 City			o Code
	to the provisions of Sections 617.05 red agent, or both, in the State of Flo th, and accept the obligations of Se			irporation's boa	ration submits this statement for the purp ard of directors. I hereby accept the appoin	ose of changing its r ntment as registered	egistered office agent. I am
SIGNATURE		and little if applicable. (N	C : DTE: Registered A	$\mathcal{N}(\cdot) \in V$ gent signature require	1919 C.—	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PD Lapniewski, frank	DELETE	1.1 TITL	E		Change	Addition
NAME AXECT LEBBESS	18001 US 301 S		1.2 NAM	i			
STREET ADDRESS	WIMAUMA FL			EET ADDRESS			
CITY-ST-ZIP TITLE	VD	DELETE	1.4 City 2.1 Titl	-ST-ZIP		Change	T ARREST
NAME	ALLEN, SHELLY	Dettil	2.1 HIL	i		<u> —</u> спанде	☐ Addition
STREET ADDRESS	3804 COCONUT PALM DR			EET ADDRESS			
CITY-ST-ZIP	tampa fl			r-St-ZIP			
TITLE	TD	DELETE	3.1 TITL			☐ Change	Addition
NAME	FYFFE, TERESA		3 2 NAM	E			
STREET ADORESS	2879 SAFFOLD RD		3.3 \$TR	ET ADDRESS			ľ
CITY-ST-ZIP	WIMAUMA FL SD	Dan		Y-ST-ZIP			
TITLE	ALEXANDER, PAT	DELETE	4 1 TITL			□ Change	Addition
NAME STORE A ADDRESS	3805 HWY 579		4. 2 NAN	ì			
STREET ADDRESS	WIMAUMA FL			ET ADDRESS			
CHY-ST-ZIP TITLE	D	DELETE	4.4 C(TY 5.1 T(TL)	-ST-ZIP		[]Channa	- Addition
NAME	TOTH, NICK		5.2 NAM			☐ Change	Addition
STREET ADDRESS	3709 GULF CITY RD			ET ADDRESS			
CITY-ST-ZIP	Ruskin Fl			-ST-ZIP			
TITLE		DELETE	61 1111			☐ Change	Addition
NAME			6.2 NAM	£		,-	
STREET ADDRESS			6.3 STRE	ET ADDRESS			1
CITY-ST-ZIP	-		6.4 CITY				
14. I do hereby	y certify that the information supplied	with this filing is voluntarily furn	ished and do	es not qualify for	or the exemption stated in Section 119.07	(3)(b) Florida Statute	o I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED WARE OF SIGNING OFFICER ON DIRECTOR

2/25/96

634-2228