2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30640

FILED Apr 02, 2009 Secretary of State

Entity Name: MANATEE COUNTY AGRICULTURAL MUSEUM, INC.

Current Principal Place of Business: New Principal Place of Business: 1015 SIXTH STREET WEST PALMETTO, FL 34221 **Current Mailing Address: New Mailing Address:** P.O. BOX 1284 PALMETTO, FL 34220 US FEI Number: 65-0132929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUTHRIE, GARY 917 11TH AVE W PALMETTO, FL 34221 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BRYANT, ROBIN Name: Name: 1498 17TH ST W Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: SD () Delete Title: () Change () Addition ROGERS, BRENDA Name: Name: Address: 1303-17TH ST. W. Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: VD () Delete Title: VD. (X) Change () Addition GARNER, ALLEN CARRAWAY, MAC Name: Name: 9107 18TH DR. NW Address: 3312 47TH ST W Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: BRADENTON, FL 34209 Title: Title: (X) Change () Addition () Delete Name: LUCAS, EARLE Name: LUCAS, EARLE 1050 RIVERSIDE DR., APT. #A-103 Address: 2215 42ND ST. W. Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: PALMETTO, FL 34221 Title: () Delete Title: () Change () Addition GUTHRIE, GARY Name: Name: Address: POR 877 Address: City-St-Zip: PALMETTO, FL 34220 City-St-Zip: Title: () Delete Title: (X) Change () Addition CARRAWAT, MAC BADEN, EARL Name: Name: PO BOX 1907 Address: 9107-18TH DR. NW Address: BRADENTON, FL 34209 BRADENTON, FL 34206 City-St-Zip: 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: GARY GUTHRIE TD 04/02/2009