


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90086 049 ****61.25

DOCUMENT # N34729 1. Entity Name MANATEE COUNTY RADIO CONTROLLERS, INC.					
Principal Place of Business 7315 71ST AVE E PALMETTO, FL 34221			Mailing Address 3307 5TH DR W PALMETTO, FL 34221-6256		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0311349	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, RAYMOND B 3307 5TH DRIVE WEST PALMETTO, FL 34221-6256			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, RAYMOND B		NAME		
STREET ADDRESS	3307 5TH DRIVE WEST		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOATMAN, RANDY		NAME		
STREET ADDRESS	710 17TH AVENUE W		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMAN, STANLEY J		NAME	SD CRYER, BILL	
STREET ADDRESS	2920 36TH AVE E		STREET ADDRESS	4501 33rd Ave W	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	DSO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUTTLE, DAVID		NAME		
STREET ADDRESS	621 61ST AVE. TERR. E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHEELER, RICK		NAME		
STREET ADDRESS	1213 154 ST. N.E.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRYER, BILL		NAME	D ROMAN, STANLEY	
STREET ADDRESS	4501 33 AVE W		STREET ADDRESS	2920 36th Ave E	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	PALMETTO, FL 34221	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Raymond B Thompson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-1-07 941-723-9381 <small>Date Daytime Phone #</small>		

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01272007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0311349 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 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.

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> Delete NAME THOMPSON, RAYMOND B STREET ADDRESS 3307 5TH DRIVE WEST CITY-ST-ZIP PALMETTO, FL 34221 TITLE VD <input type="checkbox"/> Delete NAME BOATMAN, RANDY STREET ADDRESS 710 17TH AVENUE W CITY-ST-ZIP PALMETTO, FL 34221 TITLE SD <input checked="" type="checkbox"/> Delete NAME ROMAN, STANLEY J STREET ADDRESS 2920 36TH AVE E CITY-ST-ZIP PALMETTO, FL 34221 TITLE DSO <input type="checkbox"/> Delete NAME TUTTLE, DAVID STREET ADDRESS 621 61ST AVE. TERR. E CITY-ST-ZIP BRADENTON, FL 34202 TITLE TD <input type="checkbox"/> Delete NAME WHEELER, RICK STREET ADDRESS 1213 154 ST. N.E. CITY-ST-ZIP BRADENTON, FL 34212 TITLE D <input checked="" type="checkbox"/> Delete NAME CRYER, BILL STREET ADDRESS 4501 33 AVE W CITY-ST-ZIP BRADENTON, FL 34209	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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SIGNATURE: *Raymond B Thompson* 2-1-07 941-723-9381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #