

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N43219

1. Entity Name
THE MANATEE SURVIVAL FOUNDATION, INC.



Principal Place of Business
**POST OFFICE BOX 50005
LIGHTHOUSE POINT, FL 33074 US**

Mailing Address
**P.O BOX 50005
LIGHTHOUSE POINT, FL 33074 US**



07062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0274586

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAY, MARY ANNE
2101 NE 33 STREET
LIGHTHOUSE POINT, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000164852

07/09/04-80006-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GRAY, MARY ANNE
STREET ADDRESS	2101 NE 33RD ST.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	T
NAME	SOSNOW, ALLAN D.
STREET ADDRESS	2101 NE 33RD ST.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	D
NAME	SCHULTZ, KATHY
STREET ADDRESS	3761 N.W. 109TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/04 950 943-4391