

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46784

FILED  
Jan 20, 2012  
Secretary of State

**Entity Name:** MANATEE COUNTY SPORTS OFFICIALS ASSOCIATION, INC.

**Current Principal Place of Business:**

3305 16TH AVE. W  
BRADENTON, FL 34205 US

**New Principal Place of Business:**

**Current Mailing Address:**

3305 16TH AVE. W  
BRADENTON, FL 34205 US

**New Mailing Address:**

**FEI Number:** 90-0492167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAHAM, DIANE  
3305 16TH AVE W  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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:**

Title: D  
Name: MIMS, TOM  
Address: 4506 RUNNEBOUT WAY  
City-St-Zip: BRADENTON, FL 34203

Title: VPD  
Name: BERGMAN, STU  
Address: 3406 68TH ST W.  
City-St-Zip: BRADENTON, FL 34209

Title: DST  
Name: GRAHAM, DIANE  
Address: 3305 16TH AVE W  
City-St-Zip: BRADENTON, FL 34205

Title: D  
Name: ALBRITTON, EARL  
Address: 4827 TURTLE BAY TERRACE  
City-St-Zip: BRADENTON, FL 34203

Title: D  
Name: HOUGHTON, BOB  
Address: 3306 16TH AVE W  
City-St-Zip: BRADENTON, FL 34205

Title: D  
Name: HEIDEN, JIM  
Address: 112 39TH ST CT. N.W.  
City-St-Zip: BRADENTON, FL 34205

I hereby 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 all other like empowered.

SIGNATURE: DIANE E GRAHAM

TREA

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date