## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400003868

FILED Mar 24, 2009 Secretary of State

Entity Name: EXCHANGE CLUB FAMILY PARTNERSHIP CENTER OF MANATEE COUNTY, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4012 CORTEZ RD. W 2205				STREET WEST ON, FL 34205	US	
	ON, FL 34210	US				
Current Mailing Address:			New Maili	New Mailing Address:		
2205	TEZ RD. W ON, FL 34210	US		STREET WEST ON, FL 34205	US	
FEI Number:			FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:			w Registered Agent:	
		anone regions ou rigonia			regiotolou / igonii	
4012 COR <sup>-</sup>	IUR, WILLIAM TEZ RD W #22 ON, FL 34210	05 US	918 14TH S	DAVID E ED STREET WEST ON, FL 34205	US	
	named entity s of Florida.	ubmits this statement for the pur	pose of changing i	ts registered offi	ce or registered agent, or both,	
SIGNATUR	RE: DAVID E.	POTTER			03/24/2009	
	Electroni	c Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () HIBBS, JOANNE 4301 32ND ST BRADENTON, F	W #C16	Title: Name: Address: City-St-Zip:	() C	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () ROBERTSON, C 1779 INDEPEND SARASOTA, FL	DENCE BLVD	Title: Name: Address: City-St-Zip:	() C	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () PEAD, GREGG 2007 81ST ST N BRADENTON, F		Title: Name: Address: City-St-Zip:	() C	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () ALGOZZINE, PE 1407 82ND ST I BRADENTON, F	NW	Title: Name: Address: City-St-Zip:	() C	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () ALLEN, MICHEL 2020 59TH ST \ BRADENTON, F	V	Title: Name: Address: City-St-Zip:	D (X) C BRANNON, JOEY 1401 MANATEE A BRADENTON, FL	VE W	
Title: Name: Address: City-St-Zip:	D () BRANNON, JOE 1401 MANATEE BRADENTON, F	AVE W	Title: Name: Address: City-St-Zip:	D (X) C IDE, DON 3633 CORTEZ RI BRADENTON, FL		

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: JOANNE HIBBS P 03/24/2009