


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004328 1. Entity Name PROJECT LIGHT OF MANATEE, INC.	
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Principal Place of Business 1104 14TH ST. BRADENTON, FL 34205 US	Mailing Address PO BOX 14892 BRADENTON, FL 34280 US
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01082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0490652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, F. ANN
1207 CASABELLA DRIVE
BRADENTON, FL 34209

**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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BERRY, GEORGIANNA 554 BAYSHORE DR ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, ANN 1207 CASABELLA DR. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRIFFIN, EDWARD J SDS 1207 CASABELLA DR. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POST, RODGER 703 PLANTERS MANOR WAY BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POST, JEANNE 703 PLANTERS MANOR WAY BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCUERA, LUZ 585 BAYSHORE DR. ELLENTON, FL 34222

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01/20/05-80004-015 61.25

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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)(i), 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

EJ. Griffin

1/14/05

941-798-9355

Date

Daytime Phone #