

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**


03-24-2004 90007 036 \*\*\*\*61.25

<b>DOCUMENT # N95000004444</b>	
1. Entity Name <b>NAMI MANATEE COUNTY, FL, INC.</b>	

Principal Place of Business <b>4255 GULF DRIVE #123 HOLMES BEACH FL 34217</b>	Mailing Address <b>4255 GULF DRIVE #123 HOLMES BEACH FL 34217</b>
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2. Principal Place of Business <b>508 MAGNOLIA AVE</b>	3. Mailing Address <b>PO Box 855</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ANNA MARIA FL</b>	City & State <b>ANNA MARIA FL</b>
Zip <b>34216</b>	Country <b>MANATEE</b>
Zip <b>34216-0855</b>	Country <b>MANATEE</b>

	
MOORE	CR2E037 (11/03)
4. FEI Number <b>59-3333249</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MANSON, JOHN C 406 13TH ST W. BRADENTON FL 34205</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

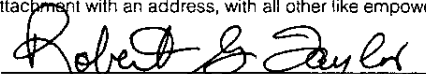
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMSON, THOMAS E 720 OAKVIEW DR BRADENTON FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMSON, THOMAS E 720 OAKVIEW DRIVE BRADENTON FL 34210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, JACQUELINE G 4255 GULF DR #123 HOLMES BEACH FL 34217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, ROBERT G 508 MAGNOLIA AVE ANNA MARIA FL 34216-0855 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JERMAN, LILLIAN 5100 60 ST EAST #061 BRADENTON FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, MARYLEA HANSON 5410-D RIVERFRONT DR. BRADENTON FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMSON, EILEEN 720 OAKVIEW DRIVE BRADENTON FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LINDA K 628 EMERALD LANE HOLMES BEACH FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, LINDA K 628 EMERALD LANE HOLMES BEACH 34217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORAN, TIM 5803 24TH CT W BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORAN, TIM 5803 24TH CT W BRADENTON FL 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **ROBERT G TAYLOR** 3/24/04 941-778-6465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #