

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004444

1. Entity Name
NAMI MANATEE COUNTY, FL, INC.



Principal Place of Business
**508 MAGNOLIA AVE
ANNA MARIA, FL 34216**

Mailing Address
**PO BOX 855
ANNA MARIA, FL 34216**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3333249

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANSON, JOHN C
406 13TH ST W.
BRADENTON, FL 34205**

**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, 2007**

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
**VD
ADAMSON, THOMAS E
720 OAKVIEW DR
BRADENTON, FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
TAYLOR, ROBERT G
508 MAGNOLIA AVE
ANNA MARIA, FL 34216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JERMAN, LILLIAN
5100 60 ST EAST #061
BRADENTON, FL 34203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ADAMSON, EILEEN
720 OAKVIEW DRIVE
BRADENTON, FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DAVIS, LINDA K
628 EMERALD LANE
HOLMES BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MORAN, TIM
5803 24TH CT W
BRADENTON, FL 34207**

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01/10/07-80090-012 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

ROBERT G. TAYLOR 01/04/07 941-778-6465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #