

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90163 003 \*\*\*\*61.25

**DOCUMENT # N95000005417**



1. Entity Name  
**MANASOTA PAF USERS' GROUP, INC.**

Principal Place of Business  
**5811 24TH STREET, WEST  
BRADENTON FL 34207-3931**

Mailing Address  
**5811 24TH STREET, WEST  
BRADENTON FL 34207-3931**

**55039743**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NAYLOR, ELSIE B  
5811 24TH STREET, WEST  
BRADENTON FL 34207-3931**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO GAULIN, EDWARD 3417 58TH AVE. WEST BRADENTON FL 34210</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDJ JONES, ROBERT P.O. BOX 742 ANNA MARIA FL 34216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SCHULZ, BARBARA P.O. BOX 1502 ONECO FL 34264</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FRENCH, JOANN 6023 26TH ST. WEST #352 BRADENTON FL 34207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO GAULIN, EDWARD 3417 58TH AVE. WEST BRADENTON, FL 34210</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDJ CONDOLY, JAMES 248 NORTH SHORE DRIVE ANNA MARIA, FL 34216</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SCHULZ, BARBARA PO Box 1502 ONECO, FL 34264</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SCHULZ, BARBARA P.O. BOX 1502 ONECO, FL 34264</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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 information.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 (941) 755-1270

Date Daytime Phone #

Attachment

55039743  
# N95000005417

5811 24<sup>th</sup> St., West  
Bradenton, Fla. 34207  
06 May 2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Fl. 32302-1500

Gentlemen: Reference Number: N95000005417

Enclosed is CORRECTED copy of 2003 Not-For-Profit Corporation  
Uniform Business Report for MANASOTA PAF USERS' GROUP, INC. The D  
for Director is added to each officer's name.

OFFICERS:

PD GAULIN, EDWARD  
3417 58<sup>TH</sup> AVE, WEST  
BRADENTON, FL 34210

VD CONOLY, JAMES  
848 NORTH SHORE DRIVE  
ANNA MARIA, FL 34216

T/SD SCHULZ, BARBARA  
P.O. 1502  
ONECO, FL. 34264

S/TD SCHULZ, BARBARA  
P. O. 1502  
ONECO, FL. 34264

NOTE: SCHULTZ, BARBARA is shown as T/SD (Treasurer/ Secretary Director)  
SCHULTZ, BARBARA is shown as S/TD (Secretary/ Treasurer Director)


Contact Person: Elsie Naylor, 5811 24<sup>th</sup> St. West, Bradenton, Fl. 34207  
Tele: (941) 756-8148

Yours truly,



Elsie Naylor

Encl: Corrected 2003 Annual Report

Attachment: 55039743  
NA5000005417  


5811 24<sup>th</sup> St., West  
Bradenton, Fla. 34207  
21 April 2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Fl. 32302-1500

Gentlemen:

Enclosed is 2003 Not-For-Profit Corporation Uniform Business Report for the MANASOTA PAF USERS' GROUP, INC. together with check in the amount of \$61.25.

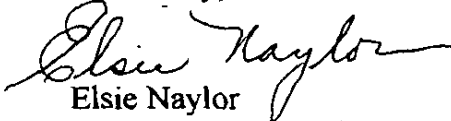
OFFICERS:

- P GAULIN, EDWARD  
3417 58<sup>TH</sup> AVE, WEST  
BRADENTON, FL 34210
- V CONOLY, JAMES  
848 NORTH SHORE DRIVE  
ANNA MARIA, FL 34216
- T/S SCHULZ, BARBARA  
P.O. 1502  
ONECO, FL. 34264
- S/T SCHULZ, BARBARA  
P. O. 1502  
ONECO, FL. 34264

NOTE: Reference Block 11 regarding the address for Barbara Schulz, a PO Box is listed. The U.S. Postal Service does not provide service to her home. Her physical address is: 5120 16<sup>th</sup> St., East, Oneco, Fl. 34264.

Contact Person: Elsie Naylor, 5811 24<sup>th</sup> St. West, Bradenton, Fl. 34207  
Tele: (941) 756-8148

Yours truly,

  
Elsie Naylor

Encl: 2003 Annual Report  
Check 2844, dtd 4-19-03 \$61.25