

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90214 006 ****70.00

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1. Entity Name
CARE NET MANASOTA CRISIS PREGNANCY CENTER, INC.



Principal Place of Business
 5111 26TH STREET WEST
 BRADENTON, FL 34207 US

Mailing Address
 5111 26TH STREET WEST
 BRADENTON, FL 34207 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 65-0710238

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

7. Name and Address of New Registered Agent

HAMILTON, W. SCOTT ESQ.
 2400 MANATEE AVE., WEST
 BRADENTON, FL 34205

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 re-registering)

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLUM, GARY	
STREET ADDRESS	5111 26TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, JENNIFER	
STREET ADDRESS	5111 26TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, LESLI	
STREET ADDRESS	5111 26TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	RILEY, STEVE	
STREET ADDRESS	5111 26TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOOMBS, M. ANDY III	
STREET ADDRESS	5111 26TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	AMLONG, MARY G	
STREET ADDRESS	5111 26TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOTT, BARBARA	
STREET ADDRESS	5111 26th ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC COLLUM, TOM	
STREET ADDRESS	5111 26th ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONDON, AARON	
STREET ADDRESS	5111 26th ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESLAR, LINDA	
STREET ADDRESS	5111 26 ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRIS, MIKE	
STREET ADDRESS	5111 26th ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STURIANO, DON	
STREET ADDRESS	5111 26th ST W	
CITY-ST-ZIP	BRADENTON, FL 34207	

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: Barbara A Mott (BARBARA MOTT) 1/9/07 (941) 746-3216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1200

Secretary of State