

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001632

FILED
Feb 07, 2005
Secretary of State

Entity Name: GRATITUDE ROOM OF BRADENTON INC

Current Principal Place of Business:

615 59TH STREET WEST
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

615 59TH STREET WEST
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 65-0738438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEEL, SARAH M
4700 RIVERVIEW BLVD
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: COWPERTHWAITZ, KEITH
Address: 3185-C CARLSTON ARMS DR.
City-St-Zip: BRADENTON, FL 34208

Title: TD () Delete
Name: RENZI, DAVE
Address: 901 21 AVE W
City-St-Zip: PALMETTO, FL 34221

Title: ATD () Delete
Name: MCKINNON, TOM
Address: 3219 GULF DRIVE
City-St-Zip: HOLMES BCH, FL 34217

Title: CD () Delete
Name: PALMER, DEAN
Address: 6113 37 AVE W
City-St-Zip: BRADENTON, FL 34210

Title: VCD () Delete
Name: WEISSENBERGER, CHARLIE
Address: 305 VIVIENDA BLVD.
City-St-Zip: BRADENTON, FL 34207

Title: D () Delete
Name: MOSELY, RICK
Address: 240 CHILSON AVE.
City-St-Zip: BRADENTON, FL 34216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID H RENZI

TD

02/07/2005

Electronic Signature of Signing Officer or Director

Date