

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000002583

1. Entity Name

BRADENTON TROPICAL PALMS SOCIAL ACTIVITIES
INC.



Principal Place of Business

2309 17TH ST CT W
BRADENTON, FL 34205

Mailing Address

BTP SOCIAL ACTIVITIES INC
1909 WHITFIELD PARK LOOP MS02
SARASOTA, FL 34243-4092



01292004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0791029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORP, WILLIAM R
333 S. TAMIAMI TRAIL
SUITE 199
VENICE, FL 34292

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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 certifying)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DEHN, GEORGE
STREET ADDRESS 2309 17TH ST CT W
CITY-ST-ZIP BRADENTON, FL 34205

TITLE D
NAME NEFF, CARL
STREET ADDRESS 1508 25TH AVE. W.
CITY-ST-ZIP BRADENTON, FL 34205

TITLE S
NAME MACHIN, LORETTA
STREET ADDRESS 1404 24TH AVE DR W
CITY-ST-ZIP BRADENTON, FL 34205

TITLE D
NAME MORRIS, NANCY
STREET ADDRESS 2310 14TH STREET WEST
CITY-ST-ZIP BRADENTON, FL

TITLE CP
NAME HAGEN, JOAN
STREET ADDRESS 1509 24TH DR W
CITY-ST-ZIP BRADENTON, FL 34205

TITLE CP
NAME VELKAMP, SYLVIA
STREET ADDRESS 2310 14TH STREET W
CITY-ST-ZIP BRADENTON, FL 34205

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02/10/04-80035-021 61.25

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IN THIS SPACE**

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:

Nancy Morris Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

Date

941 748 4442

Daytime Phone #