


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000003936</b>		
1. Entity Name <b>MANASOTA PHCC PLUMBING APPRENTICESHIP PROGRAM, INC.</b>		
Principal Place of Business <b>1119 MAGELLAN DR SARASOTA, FL 34243 US</b>	Mailing Address <b>1119 MAGELLAN DR SARASOTA, FL 34243 US</b>	



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0803675</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PIKE, KRIS D 1119 MAGELLAN DRIVE SARASOTA, FL 34243</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	DC RIZI, BOB 5671 DEREK AVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULDRY, DAN 1606 EAST AVE. N SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LETTERMAN, BOB 5164 GANT RD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, BOB 7606 41ST. AVE. E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, KEN 750 BELL RD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, CLAYTON 4724 53RD AVE. E BRADENTON, FL 34208

U00000320791  
04/21/05-80052-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Chairman** 4-19-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #