


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

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000001769</b>	
1. Entity Name TRIAD/SENIORS AND LAWMEN TOGETHER(SALT) COUNCIL OF MANATEE COUNTY, INC.	

Principal Place of Business MANATEE CITY SHERIFF CRIME PREVENTION 525 7TH AVE W PALMETTO, FL 34221	Mailing Address MANATEE CITY SHERIFF CRIME PREVENTION 525 7TH AVE W PALMETTO, FL 34221
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02272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0836081	Applied For 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  GONZALES, CONNIE 5100 CORTEZ RD W BRADENTON, FL 34210
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**DO NOT WRITE  
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 reinstating) 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**

U000000111023  
04/12/04-80106-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CALLAGHAN, JOHN 6210 MANATEE AVE W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERGNER, BOB 6001 COURTSIDE DR W BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SNYDER, MARCIA 482 OUTER DRIVE ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GONZALES, CONNIE 5100 CORTEZ RD W BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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:** *Connie Gonzales* *Connie Gonzales* *4-6-04* *(941) 794-6905*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #