


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000001769</b> 1. Entity Name TRIAD/SENIORS AND LAWYERS TOGETHER(SALT) COUNCIL OF MANATEE COUNTY, INC.	
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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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03282007 No Chg-NP CR2E037 (4/06)

**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</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CALLAGHAN, JOHN 6210 MANATEE AVE W BRADENTON, FL 34209	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CALLAGHAN, JOHN 6210 MANATEE AVE W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ADAMS, TRACI 1112 MANATEE AVE W BRADENTON, FL 34205
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000000684364  
04/06/07-80029-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #