

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90027 017 ****61.25

DOCUMENT # N98000001769 1. Entity Name TRIAD/SENIORS AND LAWYERS 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	
2. Principal Place of Business - No P.O. Box # <i>REV.</i> <i>MANATEE SHERIFF CRIME PREVENTION</i> Suite, Apt. #, etc. <i>600 301 BLVD. W</i> City & State <i>BRADENTON, FL</i> Zip <i>34205</i> Country <i>USA</i>		3. Mailing Address <i>MANATEE SHERIFF CRIME PREVENTION</i> Suite, Apt. #, etc. <i>600 301 BLVD W</i> City & State <i>BRADENTON, FL</i> Zip <i>34205</i> Country <i>USA</i>	
4. FEI Number 65-0836081		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLAGHAN, JOHN 6210 MANATEE AVE W BRADENTON, FL 34209		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>John Callaghan</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> DATE <i>3-28-08</i> </div> </div>			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLAGHAN, JOHN 6210 MANATEE AVE W BRADENTON, FL 34209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, TRACI 1112 MANATEE AVE W BRADENTON, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>John Callaghan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>3-28-08</i> DAYTIME PHONE #: <i>941-220-1713</i>	