

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90074 007 ****61.25

DOCUMENT # N98000004934

1. Corporation Name

MANATEE SERTOMA INC

Principal Place of Business

2141 N CEDARHOUSE TERR
CRYSTAL RIVER FL 34428

Mailing Address

2141 N CEDARHOUSE TERR
CRYSTAL RIVER FL 34428



2. Principal Place of Business

21 P.O. Box 4817

Suite, Apt. #, etc.

22 City & State

23 HOMOSASSA SPRINGS, FL

Zip

24 34447

Country

25

2a. Mailing Address

26 P.O. Box 4817

Suite, Apt. #, etc.

27 City & State

28 HOMOSASSA SPRINGS, FL

Zip

29 34447

Country

30

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

59-3569500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NINK, CHARLES
2141 N CEDARHOUSE TERR
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
TACK, TINA
STREET ADDRESS 8037 WEST WINDHAVEN
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE ☐ DELETE

NAME PD
NINK, CHARLES
STREET ADDRESS 2141 N CEDARHOUSE TERR
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ DELETE

NAME TD
ANDREWS, WILLIAM
STREET ADDRESS PO BOX 608 N/A
CITY-ST-ZIP HOMOSASSA FL 34487

TITLE ☐ DELETE

NAME D
BRADMULLER, RICHARD
STREET ADDRESS 6380 EVRO AVE
CITY-ST-ZIP SPRING HILL FL 34608

TITLE ☒ DELETE

NAME SD
BARD, JOHN JR.
STREET ADDRESS PO BOX 3030 N/A
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

SD
KENNON, JULIE
403 N.W. CRYSTAL ST
CRYSTAL RIVER, FL 34428

14. 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 annual report or supplemental annual 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 12 or Block 13 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

5-5-99

Date

352-795-3444

Daytime Phone

CR2E037 (11/98)

0059620