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May 06, 1999 8:00 am  
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05-06-1999 90062 024 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000005749

1. Corporation Name

CITIZENS FOR A BETTER BRADENTON, INC.

Principal Place of Business

Mailing Address

308 13TH STREET  
BRADENTON FL 34205

P.O. BOX 711  
BRADENTON FL 34206



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/06/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0869078	
24 Country		29 Country		30	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WILCOX, DAVID W ESQUIRE  
308 13TH STREET  
BRADENTON FL 34205

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	D
NAME	WILCOX, DAVID W	1.2 NAME	
STREET ADDRESS	308 13TH ST. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	
TITLE	DELETED	2.1 TITLE	T, D
NAME	CARTER, MIKE	2.2 NAME	
STREET ADDRESS	1227 9TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BARNES, GARRETT T	3.2 NAME	
STREET ADDRESS	3119 MANATEE AVE. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	3.4 CITY-ST-ZIP	
TITLE	DELETED	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

DAVID W. WILCOX

4-26-99

941-746-2136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)