2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N99000002365

Entity Name: MANATEE COUNTY USHERS UNION, INC.

Current Principal Place of Business:

1622 17TH STREET, EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

PO BOX 1266
BRADENTON, FL 342061266

New Mailing Address:

PO BOX 1266
BRADENTON, FL 34206

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLS, NAPOLEON
1622 17TH ST. EAST
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: ALEXANDER, CAROLYN
Address: 2450 2ND AV W
City-St-Zip: PALMETTO, FL 34221 US

Title: PD ( ) Delete
Name: SMITH, PATRICIA
Address: 1505 1ST AVE E
City-St-Zip: PALMETTO, FL 34221 US

Title: AST ( ) Delete
Name: ROWE, LAURA
Address: 2609 6TH AVE
City-St-Zip: PALMETTO, FL 34221 US

Title: VPD ( ) Delete
Name: CHANDLER, ROVESU
Address: 1507 8 AV E
City-St-Zip: PALMETTO, FL 34221 US

Title: TD ( ) Delete
Name: MILLS, NAPOLEON
Address: 1622 17TH STREET, EAST
City-St-Zip: BRADENTON, FL 34208 US

Title: D ( ) Delete
Name: STARLING, LELA
Address: 2707 5TH AVE., EAST
City-St-Zip: PALMETTO, FL 34221 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAPOLEON MILLS TD 02/17/2009
Electronic Signature of Signing Officer or Director — Date