2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 19, 2006 8:00 am Secretary of State

DOCUMENT # N9900004336 1. Entity Name ARTISTS GUILD OF MANATEE, INC.				A	Secretary of State 04-19-2006 90099 009 ****61.25			
Principal Plac 926 12TH S BRADENTON	F W	Mailing Address 926 12TH ST W BRADENTON, FL 34205				1 (11 10 1210 	IIM G INC!	
2. Principal Place of Business 3. Mai		3. Mailing Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		P CR2E037	(11/05)		
City & State		City & State	City & State			_ 	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status D		8.75 Add se Required		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of	of New Registered Ag	jent		
HAWKINS	JOHN'D'		Name					
1023 MANATEE AVENUE WEST BRADENTON, FL 34205			Street Address (P.O. Box Number is Not Acceptable)					
			City	City FL Zip Code			;	
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								
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campa Trust Fund Con				\$5.00 May Be Added to Fees	Make check Fiorida Departn		,	
10.	· OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEELER, CARL 926 12TH ST W	☐ Delete	TITLE NAME STREET ADDRESS]	Change	☐ Addition	
TITLE NAME	BRADENTON, FL 34205		COTY CT 710					
STREET ADDRESS	PITTMAN, SCOTT 901 DRAKES WOOD CT	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	yndi Cust. 1122 124 oradenton 71	15 1 5 St. W 34205	⊠ Change	Addition	
	PITTMAN, SCOTT	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS FREET ADDRESS	yndi Cust. 1122 124 pradenton 71 ristie Cole 125 124 Ste pradenton 71	34205 	S Change S Change	Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE: Monda Gronkema	4-17-06	941 748-3040