


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005433 1. Entity Name MANATEE CARES CLUB, INC.	
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Principal Place of Business 820 31ST STREET EAST PALMETTO, FL 34221	Mailing Address 820 31ST STREET EAST PALMETTO, FL 34221
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05042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0502558	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACE, ELIHU 820 31ST STREET EAST PALMETTO, FL 34221

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000160909
05/19/04-80001-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE, ELIHU 820 31ST STREET EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COYNE, TOM 385 NORTH PORT ROAD OSPREY, FL 34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WASHINGTON, STANLEY 1102 26 STREET COURT EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STRONEY, ALONZO 2611 7TH AVE E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEPHERD, ULYSSES 2911 9TH AVE DRIVE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCCARTER, DAVE 1011 NW 111TH AVE MIAMI, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elihu Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #