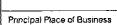
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N99000005433** MANATEE CARES CLUB, INC.

6. Name and Address of Current Registered Agent

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



Mailing Address

820 31ST STREET EAST PALMETTO, FL 34221

820 31ST STREET EAST PALMETTO, FL 3422T



DO NOT WRITE IN THIS SPACE

05042004 No Chg-NP CR2E037 (10/03)

Applied For 4. FEI Number 68-0502558 Not Applicable 5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

WALLACE, ELIHU 820 31ST STREET EAST PALMETTO, FL 34221

- DO NOT WRITE IN THIS SPACE

	tions of registered agent.	e purpose of changing its registered	datice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when remarking) DATE					
В	Filing Fee is \$61.25 oue by September 8, 2004	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	05/19/04-80001-005 61.25
10.	OFFICERS AND DIR	ECTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE, ELIHU 820 31ST STREET EAST PALMETTO, FL 34221		DO NOT WRITE IN THIS SPACE		
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 77H 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 GITY-ST-ZIP	VT MCCARTER, DAVE 1011 NW 111TH AVE MIAMI, FL				
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 supplied with this hing does not quality for the exemption stated in Section 119.07(5)(f), Florida Statutes, Truther cetting that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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:

Daytime Phone #