SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. ⚠ DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) FLORIDA DEPARTMENT OF STATE NONPROFIT FILED CORPORATION Sandra B. Mortham NNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 96 SEP 19 AM 7: 53 1996 732116 (9) SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # MANASOTA LEAGUE OF CITIES, INC. Mailing Address Principal Place of Business 1565 1ST ST. 1565 1ST ST. CITY HALL CITY HALL SARASOTA FL 34236-8501 **SARASOTA FL 34236-8501** 3a. Date of Last Report 3. Date Incorporated or Qualified 03/23/1995 03/11/1975 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0281922 Not Applicable City Hall, P.O. Box 1058 City Hall, P.O. Box 1058 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Room 110 **Room 110** 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip Yes X No Florida Statutes 34230 30 34230 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 Street Address (P.O. Box Number is Not Acceptable) 1565 First Street ROBINSON, BILLY E R2 1565 FIRST ST 83 SUITE #21 Room 110 SARASOTA FL 34238 Zip Code 84 City 85 342386 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 registere 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. me of registered agent and title if applicable illy SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printpd ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition **X** DELETE 1.1 TITLE VPD TITLE Hampton, Joe BOHNENBERGER, RICHARD 1.2 NAME NAME D-O. Box 1209-5901 MARINA DRIVE 516 8th Avenue West 1.3 STREET ADDRESS STREET ADORESS HOLMES BEACH FL Palmetto, FL 34220 1.4 City - ST - ZiP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE **VPD** TITLE MULLEN, GEORGE 2.2 NAME NAME 5650 NORTH PORT BOULEVARD 2 3 STREET ADDRESS STREET ADDRESS NORTH PORT FL 2 4 CITY - ST-ZIP CITY-ST-ZIP **≭** Change Addition **X** DELETE 3.1 TITLE STD STD TITLE Robert Farber PIEROLA, KATIE 3.2 NAME 501 Bay Isles Road 107 GULF DR. N. 3.3 STREET ADDRESS STREET ADDRESS Longboat Key, FL 34228 BRADENTON BCH. FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 600001965736 4.2 NAME NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statules. 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.

4.3 STREET ADDRESS

44 CITY-ST-ZIP

5.4 City-St-ZiP

6.3 STREET ADDRESS

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

8-26-96

941-383 8813 Daytime Phone #

Change

Daytime Phone #

-10/04/96--01105--001

*****61.25

0014542

Addition