


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90071 043 \*\*\*\*61.25

**DOCUMENT # 743004**

1. Entity Name  
**THE FOUNDATION FOR MANATEE COMMUNITY COLLEGE, INC.**



Principal Place of Business  
 5840 26TH ST W  
 BRADENTON, FL 34207

Mailing Address  
 P O BOX 1849  
 BRADENTON, FL 34206 US

**24026458**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03022004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1843274**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PORGES, GREGORY J.**  
**1205 MANATEE AVE., W.**  
**BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HARNER, STEPHEN</b>                     |
| STREET ADDRESS | <b>615 VALENCIA RD</b>                     |
| CITY-ST-ZIP    | <b>VENICE, FL 34285</b>                    |
| TITLE          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>NARVAEZ, CHRISTOPHER</b>                |
| STREET ADDRESS | <b>5840 26TH ST W</b>                      |
| CITY-ST-ZIP    | <b>BRADENTON, FL 34207</b>                 |
| TITLE          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>TAYLOR, THOMAS J</b>                    |
| STREET ADDRESS | <b>7000 TAMiami TR S</b>                   |
| CITY-ST-ZIP    | <b>VENICE, FL 34293</b>                    |
| TITLE          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HOFFNER, DALE</b>                       |
| STREET ADDRESS | <b>1301 6TH AVE W, #600</b>                |
| CITY-ST-ZIP    | <b>BRADENTON, FL 34205</b>                 |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           | <b>LOWERY, MARGARET</b>                    |
| STREET ADDRESS | <b>5840 26TH ST W</b>                      |
| CITY-ST-ZIP    | <b>BRADENTON, FL 34207</b>                 |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>PRESIDENT</b>   |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>TREASURER</b>   |
| STREET ADDRESS | <b>RICHARD E GOBLE</b>   |
| CITY-ST-ZIP    | <b>P.O. Box 49348</b><br><b>SARASOTA, FL 34230</b>                           |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>VICE PRESIDENT</b>  |
| STREET ADDRESS | <b>STEVEN W. PROFFY</b>  |
| CITY-ST-ZIP    | <b>1205 MANATEE AVE, W</b><br><b>BRADENTON, FL 34205</b>                     |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>DIRECTOR/SECRETARY</b>  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Margaret E Lowery **MARGARET E. LOWERY** 3/15/04 941.752.5390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #