SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28 1996 8:00 am
Secretary of State

DOCUMENT # **752485** **(3)**

1. Corporation Name
MANATEE COUNTY CULTURAL ALLIANCE, INC.

Principal Place of Business	Mailing Address
4301 32ND ST. W. SUITE E-23 BRADENTON FL 34205 US	4301 32ND ST. W. SUITE E-23 BRADENTON FL 34205 US

3. Date Incorporated or Qualified: 05/14/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 323 10th Ave W.
Suite, Apt. #, etc.
22 Suite 303
City & State
23 Palmetto
Zip 24 34221 Country 25 Manatee

2a. Mailing Address
26 323 10th Ave. W.
Suite, Apt. #, etc.
27 Suite 303
City & State
28 Palmetto
Zip 29 34221 Country 30 Manatee

4. FEI Number: 59-2012576 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GOLDEN, BETH
4545 14TH ST W
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name: Fay Murphy
82 Street Address (P.O. Box Number is Not Acceptable): 823 Oak DR.
83
84 City: Bradenton FL 85 Zip Code: 34210

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 registered 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.

SIGNATURE: Fay Murphy FAY MURPHY 6-21-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	ABRAHAMSON-VAYLES, JOAN		1.2 NAME	Joan Abrahamson Voyles	
STREET ADDRESS	4301 32ND ST N E-23		1.3 STREET ADDRESS	517 Loquat	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	Anna Maria, FL 34216	
TITLE	SD	☑ DELETE	2.1 TITLE	VP/D	☐ Change ☑ Addition
NAME	MCMULLEN, MONTY		2.2 NAME	Frank Zaremba	
STREET ADDRESS	109 24TH ST NW		2.3 STREET ADDRESS	414 29th St. NW.	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	TD	☑ DELETE	3.1 TITLE	VP/D	☐ Change ☑ Addition
NAME	GOLDEN, BETH		3.2 NAME	Gerald Russell	
STREET ADDRESS	4545 14TH ST W		3.3 STREET ADDRESS	308 57th St. W.	
CITY-ST-ZIP	BRABENTON FL		3.4 CITY-ST-ZIP	Bradenton, FL	
TITLE		☐ DELETE	4.1 TITLE	S/T/D	☐ Change ☑ Addition
NAME			4.2 NAME	Fay Murphy	
STREET ADDRESS			4.3 STREET ADDRESS	823 Oak DR.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Bradenton, FL 34210	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (3/96)

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 Statutes. 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.

SIGNATURE: Joan Abrahamson Voyles 6/18/96 941-721-0405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joan Abrahamson Voyles