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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 752485 (3)

1. Corporation Name
MANATEE COUNTY CULTURAL ALLIANCE, INC.

Principal Place of Business	Mailing Address
323 10TH AVE W SUITE 303 PALMETTO FL 34205 US	323 10TH AVE W SUITE 303 PALMETTO FL 34205-8637 US

3. Date Incorporated or Qualified: 05/14/1980
3a. Date of Last Report: 06/28/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

MURPHY, FAY
823 OAK DRIVE
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name: Susan O'Connor
82 Street Address (P.O. Box Number is Not Acceptable): 1227 9th AVE. W.
83
84 City: Bradenton FL 85 Zip Code: 34205

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: Susan O'Connor — 4/14/97
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	C|D	☐ Change ☑ Addition
NAME	ABRAHAMSON-VAYLES, JOAN		1.2 NAME	John Lawler	
STREET ADDRESS	517 LOGUAT		1.3 STREET ADDRESS	425 19th St. Ct. W.	
CITY-ST-ZIP	ANNA MARIA FL 34216		1.4 CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZAREMBA, FRANK		2.2 NAME		
STREET ADDRESS	414 29TH ST NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		2.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, GERALD		3.2 NAME		
STREET ADDRESS	308 57TH ST W		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRABENTON FL		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE	S|D	☑ Change ☐ Addition
NAME	MURPHY, FAY		4.2 NAME		
STREET ADDRESS	823 OAK DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	T|D	☐ Change ☑ Addition
NAME			5.2 NAME	Susan O'Connor	
STREET ADDRESS			5.3 STREET ADDRESS	1227 9th Ave. W.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Bradenton, FL 34205	
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 (9/96)

14. I do 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 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: [illegible] 4/14/97