

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N01000005017

Entity Name: ALPHA PHI ALPHA FOUNDATION OF MANASOTA, INC.

Current Principal Place of Business:

7282 55TH AVE. EAST, PMB 188
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

7282 55TH AVE. EAST, PMB 188
BRADENTON, FL 34203

New Mailing Address:

FEI Number: 65-1128836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, HERMAN
7282 55TH AVE. EAST, PMB 188
BRADENTON, FL 34203

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELL, HERMAN
Address: 7625 PARTRIDGE ST. CIR.
City-St-Zip: BRADENTON, FL 34202

Title: SD () Delete
Name: WOODS, REGINALD M.D.
Address: 6546 BLUE GROSBEEK CIRCLE
City-St-Zip: BRADENTON, FL 34202

Title: TD () Delete
Name: RAY, LACY
Address: 4425 EDIN BRIDGE CIRCLE
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: SIMS, LEROY
Address: 4211 17TH AVE. EAST
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: MIMS, GEORGE
Address: 113 SHADY PKWY
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMAN BELL

PD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date