

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14651

FILED
Apr 26, 2005
Secretary of State

Entity Name: MANATEE COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

4808 26TH ST WEST
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

4808-26TH ST. W.
BRADENTON, FL 34207 US

New Mailing Address:

FEI Number: 59-2730075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOJNACKI, MAGGIE A
4808 26TH ST W.
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

MANATEE COUNTY MEDICAL SOCIETY FOUNDATION
4808 26TH ST W.
BRADENTON, FL 34207 US

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: MAGGIE CHOJNACKI

04/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAREN, SOSCIA PRESIDE
Address: 1205 86TH CT. NW
City-St-Zip: BRADENTON, FL 34209 US

Title: O () Delete
Name: MOSCOSO, BLANCA
Address: 2741 PALMA SOLA BLVD.
City-St-Zip: BRADENTON, FL 34209 US

Title: O () Delete
Name: RENEE, PENNEBACKER
Address: 11 39TH STREET COURTH NW
City-St-Zip: BRADENTON, FL 34205 US

Title: O (X) Delete
Name: VALADIE, KYRA
Address: 521 74TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FASOLI, MAUREEN PRESIDE
Address: 4808 26TH STREET WEST
City-St-Zip: BRADENTON, FL 34207 US

Title: V (X) Change () Addition
Name: LIEBERMAN, BETSY
Address: 4808 26TH STREET WEST
City-St-Zip: BRADENTON, FL 34207 US

Title: S (X) Change () Addition
Name: ROTHFELD, JULIE
Address: 4808 26TH STREET WEST
City-St-Zip: BRADENTON, FL 34207 US

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: MAUREEN FASOLI

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date