

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19599 (2)**  
1. Corporation Name  
**MANATEE PUBLIC SCHOOLS FOUNDATION, INC.**



Principal Place of Business <b>215 MANATEE AVENUE WEST BRADENTON FL 34205</b>	Mailing Address <b>215 MANATEE AVENUE WEST BRADENTON FL 34205-6840</b>
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3. Date Incorporated or Qualified <b>03/09/1987</b>	3a. Date of Last Report <b>01/25/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0037451</b> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DENSIAR, S. GENE  
215 MANATEE AVE W  
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PODOBNIK, JEFF	
STREET ADDRESS	215 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KERANEN, JAMES	
STREET ADDRESS	215 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	ZIRKELBACH, ALAN	
STREET ADDRESS	215 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zirkelbach, Alan	
1.3 STREET ADDRESS	215 Manatee Av. W.	
1.4 CITY-ST-ZIP	Bradenton, FL 34205	
2.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Keranan, James	
2.3 STREET ADDRESS	215 Manatee Av. W.	
2.4 CITY-ST-ZIP	Bradenton, FL 34205	
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bob Allen	
3.3 STREET ADDRESS	215 Manatee Av. W.	
3.4 CITY-ST-ZIP	Bradenton, FL 34205	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *James A. Keranen* **James A. Keranen** 1/7/97 941/741-7685  
Date Daytime Phone # 0081538

CP2E037 (9/96)