DOCUMENT # N19599 1. Entity Name						FILED Jan 12, 2001 8:00 am Secretary of State					
MANATEE COUNTY SCHOOLS FOUNDATION, INC.											
Principal Place of Business Mailing Address								01 90051			
215 MANATEE AVENUE WEST BRADENTON FL 34205		215 MANATEE AVENUE WEST BRADENTON FL 34205									
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State				4. FEI Numbe	65-0037451			oplied For ot Applicable]
Zip Country		Zip	Countr	ry		5. Certificate of Status Desire		\$9.75 Additional		1	
	6. Name and Address of Current I		-	·~	[7. Name and	Address of New R			0	$\frac{1}{2}$
				Name			-				1
DENSIAR, S. GENE 215 MANATE AVE W			-	Dr. Street Ad	Dan dress (F	Nolan 2.0. Box Numbe	r is Not Acceptable)			
	ON FL 34205		-	215 Manatee Avenue W.			nue W.	Zip Code			-
				•	dent	on	_	FL	3420		-
SIGNATURE.	named entity submits this statement for						, in the state of the				
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Ag	gent signature	e required v	when reinstating)		DATE			_
	FILE NOW: FEE IS \$61.25	9. Election Campaign I Trust Fund Contribu				May Be to Fees		e Check P partment)	
10.	OFFICERS AND DIR	ECTORS	11.		Α	DDITIONS/CHA	NGES TO OFFICE	RS AND DIR	ECTORS IN	10	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Allen, ron 215 Manatee Ave. West Bradenton Fl	☐ Delete	TITLE NAME STREET A	ADDRESS	Chai Verno	rman on DeSear			☐ Change	☐ Addition	CR2E037 (10/00
TITLE . NAME . STREET ADDRESS . City-St-Zip	STD KERANEN, JAMES 215 MANATEE AVE. WEST BRADENTON FL	☐ Delete	TITLE NAME STREET A	- 1	***· <u>.</u>			-	Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARRAWAY, MAC 215 MANATEE AVE. WEST BRADENTON FL	☐ Delete	TITLE NAME STREET A	- 1			_		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VERNON, DESEAR 215 MANATEE AVE WEST BRADENTON FL	Delete	TITLE NAME STREET A CITY-ST			e Chairma nard Fawl			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	1			_	1	☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	l l					☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report a	v signature	e shall ha	ve the sa	ame legal effect	as it made under 0	oatn: tnat i ar	n an oπicer	or airector	

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

941-741-7685

Daytime Phone #