


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90001 002 ****61.25

DOCUMENT # N19599					
1. Entity Name MANATEE COUNTY SCHOOLS FOUNDATION, INC.					
Principal Place of Business 215 MANATEE AVENUE WEST BRADENTON, FL 34205		Mailing Address 215 MANATEE AVENUE WEST BRADENTON, FL 34205			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07172006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HANNON, TOM 215 MANATEE AVE W BRADENTON, FL 34205				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i>		TOM HANNON Signature, typed or printed name of registered agent and title if applicable.		7-20-06 DATE	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESEAR, VERNON		NAME	FAWLEY, RICK	
STREET ADDRESS	215 MANATEE AVE. WEST		STREET ADDRESS	215 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	BRADENTON, FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGONEGAL, TIM		NAME	ROGERS, ROSS	
STREET ADDRESS	215 MANATEE AVE. WEST		STREET ADDRESS	215 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	BRADENTON, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNON, TOM		NAME		
STREET ADDRESS	215 MANATEE AVE. WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAWLEY, RICK		NAME	COOPER, DEBRA	
STREET ADDRESS	215 MANATEE AVE WEST		STREET ADDRESS	215 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	BRADENTON, FL	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>		DEBRA COOPER Signature and typed or printed name of signing officer or director		7-20-06 Date	
				941-430-1400 Daytime Phone #	

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