


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90062 042 ****70.00

DOCUMENT # N19599
 1. Entity Name
MANATEE EDUCATION FOUNDATION, INC.



Principal Place of Business
 215 MANATEE AVENUE WEST
 BRADENTON, FL 34205

Mailing Address
 215 MANATEE AVENUE WEST
 BRADENTON, FL 34205

40111383



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

07102008 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0037457

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASS, MARY M
 215 MANATEE AVE W
 BRADENTON, FL 34205

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GLASS, MARY M	
STREET ADDRESS	215 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FAWLEY, RICK	
STREET ADDRESS	215 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HODGES, ROSS	
STREET ADDRESS	215 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	COOPER, DEBRA	
STREET ADDRESS	215 MANATEE AVE W.	
CITY-ST-ZIP	BRADENTON, FL 342058840	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #