

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90037 023 ****70.00

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**

70011320



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0037451**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELAN, DAN
215 MANATEE AVE W
BRADENTON FL 34205**

Name

Nolan, Dan

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, RON	
STREET ADDRESS	215 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KERANEN, JAMES	
STREET ADDRESS	215 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	CARRAWAY, MAC	
STREET ADDRESS	215 MANATEE AVE. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VERNON, DESEAR	
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	Vernon DeSear	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	215 Manatee Avenue West	
STREET ADDRESS	Bradenton, FL 34205	
CITY-ST-ZIP		
TITLE	Jim Buckley	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	215 Manatee Avenue West	
STREET ADDRESS	Bradenton, FL 34205	
CITY-ST-ZIP		
TITLE	Marianne Lorentzen, Exec. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	215 Manatee Avenue West	
STREET ADDRESS	Bradenton, FL 34205	
CITY-ST-ZIP		
TITLE	Rick Fawley	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	215 Manatee Avenue West	
STREET ADDRESS	Bradenton, FL 34205	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. I 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 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: *Marianne Lorentzen*

Marianne Lorentzen, Exec. Dir.

Date Daytime Phone #