

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45420 (9)

1. Corporation Name
MANATEE BANKERS FOR AFFORDABLE HOUSING, INC.

Principal Place of Business Mailing Address
C/O BARNETT BANK OF MANATEE COUNTY
6160 - 14TH ST. W.
BRADENTON FL 34207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
10/02/1991 06/07/1994

4. FEI Number Applied For
65-0278132 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **c/o First Federal of Fla.** 26 **c/o First Federal of Fla.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **4569 14th Street West** 27 **P.O. Box D**
City & State City & State
23 **Bradenton, FL. 34207** 28 **Bradenton, FL.**
Zip Zip
24 **USA** 29 **34206** 30 **USA**

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GEIGER, LLOYD W.
C/O THE BANK OF BRADENTON
404 - 53RD AVENUE WEST
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NASH, JOHN
STREET ADDRESS	4702 CORTEZ ROAD WEST BRADENTON FL
CITY - ST - ZIP	
TITLE	PD
NAME	SANBORN, DANA D
STREET ADDRESS	P.O. BOX 129 N/A BRADENTON FL
CITY - ST - ZIP	
TITLE	TD
NAME	SEIBERT, ERIC L
STREET ADDRESS	5817 MANATEE AVE. WEST BRADENTON FL
CITY - ST - ZIP	
TITLE	D
NAME	KELLER, CAROLYN G.
STREET ADDRESS	4801 MANATEE AVE. W. BRADENTON FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or in the agreement with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PERSON TO NAME OF SIGNING OFFICER OR DIRECTOR

Eric L. Seibert, Treas.

4/27/95

(813) 794-6969

Date Daytime (Area #)