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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morton**  
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 FIRST FEDERAL OF FLA  
4601 MANATEE AVENUE WEST  
BRADENTON FL 34207  
US**

3. Date Incorporated or Qualified **10/02/1991** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **65-0278132** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KELLER, CAROLYN G  
FIRST FEDERAL OF FLA  
4601 MANATEE AVENUE WEST  
BRADENTON FL 34209**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NASH, JOHN</b>	1.2 NAME	<b>GARY PETERSON</b>
STREET ADDRESS	<b>4702 CORTEZ ROAD WEST</b>	1.3 STREET ADDRESS	<b>5905 Manatee Avenue West</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	<b>Bradenton FL 34209</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANBORN, DANA D</b>	2.2 NAME	<b>MICHAEL BORGWARDT</b>
STREET ADDRESS	<b>P.O. BOX 129 N/A</b>	2.3 STREET ADDRESS	<b>3201 N. Tamiami Trail</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	<b>Sarasota, FL 34234</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERSEN, GARY B</b>	3.2 NAME	<b>TAMI JOHNSON</b>
STREET ADDRESS	<b>5905 MANATEE AVE W</b>	3.3 STREET ADDRESS	<b>6001 26th Street West</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	<b>Bradenton, FL 34207</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KELLER, CAROLYN G.</b>	4.2 NAME	<b>NORMAN PINARDI</b>
STREET ADDRESS	<b>4601 MANATEE AVE. W.</b>	4.3 STREET ADDRESS	<b>P.O. Box 129 (Mailing Address - N/A)</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	4.4 CITY-ST-ZIP	<b>Bradenton, FL 34206</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, TAMI</b>	5.2 NAME	
STREET ADDRESS	<b>6001 26TH ST W</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON F</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLT, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>6351 MANATEE AVE W</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Carolyn G. Keller* (**CAROLYN G. KELLER**) 1/29/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days/Time Phone # 0061698

CR2E037 (9/96)