


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90020 012 ****61.25

DOCUMENT # N45420
1. Entity Name
MANATEE COALITION FOR AFFORDABLE HOUSING, INC.



Principal Place of Business Mailing Address
319 6TH AVE. W. 319 6TH AVE. W.
#319 #319
BRADENTON FL 34205 BRADENTON FL 34205
US US

2. Principal Place of Business 3. Mailing Address
319 6th Ave. W. Suite, Apt. #, etc.

City & State City & State
Bradenton, Florida
Zip Country Zip Country
34205 US



MOORE CR2E037 (11/03)

4. FEI Number Applied For
65-0278132 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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 Carolyn G. Keller, Treasurer DATE 1/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2004

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	PD	<input checked="" type="checkbox"/> Delete
NAME	REHA, DARRELL	
STREET ADDRESS	PO BOX 4002	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KELLER, CAROLYN	
STREET ADDRESS	4601 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOZIER-HARVEY, APRIL	
STREET ADDRESS	111 SECOND AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMALLS, VICKIE	
STREET ADDRESS	4740 STATE ROAD 64 EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KINSEY, BARBARA	
STREET ADDRESS	4770 STATE ROAD 64 EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANBORN, DANA	
STREET ADDRESS	5305 26TH STREET W	
CITY-ST-ZIP	BRADENTON FL 34207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smalls, Vickie	
STREET ADDRESS	806 6th Street West	
CITY-ST-ZIP	Palmetto, Florida 34221	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Borgwardt, Michael	
STREET ADDRESS	5714 14th St. W.	
CITY-ST-ZIP	Bradenton, Florida 34207	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keller, Carolyn	
STREET ADDRESS	4601 Manatee Ave. W.	
CITY-ST-ZIP	Bradenton, Florida 34209	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saur, Gloria	
STREET ADDRESS	4014 20th Street West	
CITY-ST-ZIP	Bradenton, Florida 34205	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kinsey, Barbara	
STREET ADDRESS	4770 State Road 64 East	
CITY-ST-ZIP	Bradenton, Florida 34208	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ciarniello, Carol	
STREET ADDRESS	1301 6th Avenue West	
CITY-ST-ZIP	Bradenton, Florida 34205	

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 17, 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 ~~the~~ empowered.

SIGNATURE: Vickie Smalls *[Signature]* Date 2/6/04 Daytime Phone # 941-729-5753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR