


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90061 015 \*\*\*\*61.25

**DOCUMENT # N45420**

1. Entity Name  
**MANATEE COALITION FOR AFFORDABLE HOUSING, INC.**



Principal Place of Business  
**319 6TH AVE W  
 BRADENTON, FL 34205 US**

Mailing Address  
**319 6TH AVE. W.  
 BRADENTON, FL 34205 US**

**60017336**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0278132** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KELLER, CAROLYN G  
 1206 ESTREMADREA  
 BRADENTON, FL 34209**

7. Name and Address of New Registered Agent  
 Name  
**Gloria A. Saur**  
 Street Address (P.O. Box Number is Not Acceptable)  
**410 Cortez Rd W**  
 City  
**Bradenton FL** Zip Code  
**34210**

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 *Gloria A Saur*  
**Gloria A. Saur, Board Treasurer** DATE 2/14/06

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, VALERIE 5455 TARA BLVD BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4740 E State Rd 64 Bradenton, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLEN, JULIE 4014 20TH ST W BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6205 Cortez Rd W 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLER, CAROLYN 1206 ESTEEMADURA DR BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Mandy Cupp 5312 Cortez Rd W Bradenton, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAUR, GLORIA 410 CORTEZ RD W BRADENTON, FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINSEY, BARBARA 4770 STATE ROAD 64 EAST BRADENTON, FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Anthony DiMauro 6968 Professional Pkwy E Bradenton, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORGWARDT, MICHAEL 5714 14TH ST W BRADENTON, FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Machelle Maner 100 S Ashley Dr, ste 1000 Tampa, FL 33602

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: *Barbara Kinsey* 1/30/06 941-746-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #