

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # N97000002617 (5)
1. Corporation Name
MANATEE SCHOOL OF ARTS AND SCIENCES, INC.



Principal Place of Business: **6315 2ND AVENUE NORTHWEST BRADENTON FL 34209**
Mailing Address: **6315 2ND AVENUE NORTHWEST BRADENTON FL 34209**

3. Date Incorporated or Qualified: **05/09/1997**
4. FEI Number: **65-0750813**
Applied For: Not Applicable

2. Principal Place of Business: **7315 1ST AVE W**
2a. Mailing Address: **7315 1ST AVE W**
23. City & State: **Bradenton Florida**
24. Zip: **34209**
25. Country: **Manatee**
26. City & State: **Bradenton Florida**
27. Zip: **34209**
28. Country: **Manatee**

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. Is this nonprofit corporation a homeowners association? Yes **NO**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes **No**

9. Name and Address of Current Registered Agent:
**JOLLY, MIRIAM
6315 2ND AVENUE NORTHWEST
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
85. Zip Code: **FL**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miriam Jolly	1.2 NAME	
STREET ADDRESS	6315 2nd Avenue NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, Florida 34209	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Doyle	2.2 NAME	
STREET ADDRESS	6406 1st Avenue W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton Florida 34209	2.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bridget Brunson	3.2 NAME	
STREET ADDRESS	4312 19th Ave West	3.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton Florida 34209	3.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fran Rosenbluth	4.2 NAME	
STREET ADDRESS	8304 12th Ave Dr. NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, Florida 34209	4.4 CITY-ST-ZIP	
TITLE	Member at Large <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Hynton	5.2 NAME	
STREET ADDRESS	5212 24th Avenue Dr. W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, Florida 34209	5.4 CITY-ST-ZIP	
TITLE	member at Large <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Freeland	6.2 NAME	
STREET ADDRESS	4004 35th St. W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, Florida 34205	6.4 CITY-ST-ZIP	

14. 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 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: *Miriam Jolly* **MANATEE SCHOOL OF ARTS AND SCIENCES, INC.** *March 4 1998* 941-792-4504

CFR2E037 (10/97)