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NONPROFIT CORPORATION ANNUAL REPORT 1999

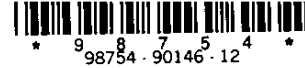


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000002617

1. Corporation Name

MANATEE SCHOOL OF ARTS AND SCIENCES, INC.



Principal Place of Business

7315 1ST AVE W  
BRADENTON FL 34209  
US

Mailing Address

7315 1ST AVE W  
BRADENTON FL 34209  
US

2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

05/09/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0750813

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOLLY, MIRIAM  
6315 2ND AVENUE NORTHWEST  
BRADENTON FL 34209

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JOLLY, MIRIAM  
STREET ADDRESS 6315 2ND AVENUE NW  
CITY-ST-ZIP BRADENTON FL 34209

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME DOYLE, ROBERT  
STREET ADDRESS 6406 1ST AVE W  
CITY-ST-ZIP BRADENTON FL 34209

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME BRUNSON, BRIDGET  
STREET ADDRESS 4312 19TH AVE W  
CITY-ST-ZIP BRADENTON FL 34209

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME ROSENBLUTH, FRAN  
STREET ADDRESS 8304 12TH AVE DR NW  
CITY-ST-ZIP BRADENTON FL 34209

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME HYNTON, ROBERT  
STREET ADDRESS 5212 24TH AVE DR W  
CITY-ST-ZIP BRADENTON FL 34209

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME FREELAND, TIMOTHY  
STREET ADDRESS 4004 35TH ST W  
CITY-ST-ZIP BRADENTON FL 34205

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Director (D)  
Robert Kitzmuller  
4407 Park Lake Terrace North  
Bradenton, Florida 34209

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, with all other like empowered.

SIGNATURE: *Miriam Jolly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 5, 1999 941-792-4504  
Date Daytime Phone #

CR2E037 (1/198)