## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) 4

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 09, 2004 8:00 am Secretary of State **DOCUMENT # N00000004471** 1. Entity Name 02-09-2004 90057 030 \*\*\*\*70.00 MANATEE KIDCARE COALITION, INC. Principal Place of Business Mailing Address 1312 MANATEE AVE. EAST BRADENTON FL 34208' P.O. BOX 499 94012460 PARRISH FL 34219 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-1080352 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBINSON, II, LAYON F ESQ. Street Address (P.O. Box Number is Not Acceptable) 442 OLD MAIN ST. **BRADENTON FL 34205** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change Addition Delete TITLE TITLE PRESHA, WALTER"MICKEY" L NAME NAME P.O. BOX 499 STREET ADDRESS STREET ADDRESS PARRISH FL 34219 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F FLYNN, BRIAN NAME NAME 206 2ND ST E. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete FRIEDRICH," DAN" NAME NAME 2020 59TH ST W. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE PADGETT, EMIE NAME NAME PO BOX 1000 STREET ADDRESS STREET ADDRESS BRADENTON FL 34206 CITY-ST-ZIP CITY-ST-ZIP XX Delete ☐ Change Addition TITLE TITLE ROGER DEARING NOLAN, DAN NAME NAME P O BOX 9069 PO BOX 9069 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** BRADENTON FLORIDA 34205 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete BELLAMY, JUDY NAME NAME P.O. BOX 1000 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34206** CITY-ST-7IP CITY-ST-ZIP 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 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.

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