

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005017

**Entity Name:** ALPHA PHI ALPHA FOUNDATION OF MANASOTA, INC.

**Current Principal Place of Business:**

7282 55TH AVE. EAST, PMB 188  
BRADENTON, FL 34203

**Current Mailing Address:**

7282 55TH AVE. EAST, PMB 188  
BRADENTON, FL 34203

**FEI Number:** 65-1128836

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BELL, HERMAN  
7282 55TH AVE. EAST, PMB 188  
BRADENTON, FL 34203 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name BELL, HERMAN  
Address 7625 PARTRIDGE ST. CIR.  
City-State-Zip: BRADENTON FL 34202

Title SD  
Name WOODS, REGINALD M.D.  
Address 11506 PIMPERNAL DR  
City-State-Zip: BRADENTON FL 34202

Title TD  
Name RAY, LACY  
Address 5679 EASTWIND DRIVE  
City-State-Zip: SARASOTA FL 34233

Title D  
Name SUAREZ, MICHAEL  
Address 4131 N. PRAIRE VIEW DRIVE  
City-State-Zip: SARASOTA FL 34232

Title D  
Name MIMS, GEORGE  
Address 113 SHADY PKWY  
City-State-Zip: SARASOTA FL 34232

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** M. HERMAN BELL

**PRESIDENT**

**05/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date