**FILE NOW: FILING FEE AFTER MAY 1 IS ~~$150.00~~**

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:51

DOCUMENT # 713113 (9)

1. Corporation Name

MANATEE COUNTY MEDICAL EDUCATION FOUNDATION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 4521 26TH STREET WEST<br>BRADENTON FL 34207<br>US | P.O. BOX 1564<br>BRADENTON FL 34206<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1967
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-6503728 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

FRYE, PATSY
5300 GULF DR. N
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 | D | 11 TITLE | | ☐ Change ☒ Addition |
| NAME | FULGHUM, ANN | 12 NAME | | |
| STREET ADDRESS | 9009 9TH AV NW | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL | 14 CITY-ST-ZIP | 34209 | |
| TITLE | CD | 21 TITLE | PD | ☒ Change ☒ Addition |
| NAME | FRYE, PATSY | 22 NAME | | |
| STREET ADDRESS | 5300 GULF DR. NORTH | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | HOLMES BEACH FL | 24 CITY-ST-ZIP | 34217 | |
| TITLE | SD | 31 TITLE | | ☐ Change ☒ Addition |
| NAME | HANNAH, GAIL | 32 NAME | | |
| STREET ADDRESS | 4804 RIVERVIEW BLVDD WEST | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL | 34 CITY-ST-ZIP | 34209 | |
| TITLE | TD | 41 TITLE | | ☐ Change ☒ Addition |
| NAME | MEYER, JUDY | 42 NAME | | |
| STREET ADDRESS | 2020 71ST STREET N.W. | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 00000 | 44 CITY-ST-ZIP | 24209 | |
| TITLE | D | 51 TITLE | | ☐ Change ☒ Addition |
| NAME | WHITE, JOANNE | 52 NAME | | |
| STREET ADDRESS | 3101 RIVERVIEW BLVD W | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 00000 | 54 CITY-ST-ZIP | 34205 | |
| TITLE | D | 61 TITLE | | ☐ Change ☒ Addition |
| NAME | NEWHALL, SUE | 62 NAME | | |
| STREET ADDRESS | 3304 RIVERVIEW BLVD W. | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 00000 | 64 CITY-ST-ZIP | 34205 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Judith S. Meyer Treasurer 2/15/95 813-792-1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JUDITH S. MEYER

0062588