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FILED

Mar 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION'  
ANNUAL REPORT  
1997



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

DOCUMENT # 713113 (9)

1. Corporation Name

MANATEE COUNTY MEDICAL EDUCATION FOUNDATION, INC

Principal Place of Business

4521 26TH STREET WEST  
BRADENTON FL 34207  
US

Mailing Address

P.O. BOX 1564  
BRADENTON FL 34206-1564  
US

3. Date Incorporated or Qualified  
07/25/1967

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Bradenton

FL

85 Zip Code

34209

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 D  
NAME FULGHUM, ANN  
STREET ADDRESS 8009 9TH AV NW  
CITY - ST - ZIP BRADENTON FL

☐ DELETE

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

☐ Change ☐ Addition

NAME FRYE, PATSY  
STREET ADDRESS 5300 GULF DR. NORTH  
CITY - ST - ZIP HOLMES BEACH FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD  
NAME HANNAH, GAIL  
STREET ADDRESS 4804 RIVERVIEW BLVD WEST  
CITY - ST - ZIP BRADENTON FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE TD  
NAME ROGERS, BETTY  
STREET ADDRESS 6500 RIVERVIEW BLVD W  
CITY - ST - ZIP BRADENTON, FL 00000

☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME LIEBERMAN, BETSY  
STREET ADDRESS 1311 51ST ST W  
CITY - ST - ZIP BRADENTON, FL 00000

☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME GRAHAM, WYLENE  
STREET ADDRESS 8012 1ST AVE W  
CITY - ST - ZIP BRADENTON, FL 00000

☐ DELETE

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

☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone # 0061677

CR2E037 (9/96)