


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713113** (9)  
1. Corporation Name  
**MANATEE COUNTY MEDICAL EDUCATION FOUNDATION, INC**

Principal Place of Business Mailing Address  
**4521 26TH STREET WEST** **P.O. BOX 1564**  
**BRADENTON FL 34207** **BRADENTON FL 34206**  
**US** **US**

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

3. Date Incorporated or Qualified

**07/25/1967**

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULGHUM, ANN**  
**9009 9TH AVE. N.W.**  
**BRADENTON FL 34209**

81 Name **Graham, Wylene**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8012 1st Ave. W.**  
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]**

**3.13.98**

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** ☒ DELETE  
NAME **FULGHUM, ANN**  
STREET ADDRESS **9009 9TH AVE NW**  
CITY-ST-ZIP **BRADENTON FL**

1.1 TITLE **Director** ☐ Change ☐ Addition  
1.2 NAME **Fasoli, Maureen**  
1.3 STREET ADDRESS **312 77th St., NW**  
1.4 CITY-ST-ZIP **Bradenton, FL 34209**

TITLE **PO** ☐ DELETE  
NAME **FRYE, PATSY**  
STREET ADDRESS **5300 GULF DR. NORTH**  
CITY-ST-ZIP **HOLMES BEACH FL 34217**

2.1 TITLE **Director** ☒ Change ☐ Addition  
2.2 NAME **Frye, Patsy**  
2.3 STREET ADDRESS **5300 Gulf Dr. N.**  
2.4 CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE **SD** ☐ DELETE  
NAME **HANNAH, GAIL**  
STREET ADDRESS **4804 RIVERVIEW BLVD WEST**  
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE **TD** ☐ DELETE  
NAME **ROGERS, BETTY**  
STREET ADDRESS **6500 RIVERVIEW BLVD W**  
CITY-ST-ZIP **BRADENTON, FL 34209**

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

TITLE **D** ☐ DELETE  
NAME **LIEBERMAN, BETSY**  
STREET ADDRESS **1311 51ST ST W**  
CITY-ST-ZIP **BRADENTON, FL 34209**

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

TITLE **D** ☐ DELETE  
NAME **GRAHAM, WYLENE**  
STREET ADDRESS **8012 1ST AVE W**  
CITY-ST-ZIP **BRADENTON, FL 34209**

6.1 TITLE **President** ☒ Change ☐ Addition  
6.2 NAME **Graham, Wylene**  
6.3 STREET ADDRESS **8012 1st Ave. W.**  
6.4 CITY-ST-ZIP **Bradenton, FL 34209**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Betty R. Rogers (Betty R. Rogers)** 2-23-98 (941) 792-7368

CR2E037 (1097)