

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4521 26TH STREET WEST BRADENTON FL 34207 US	Mailing Address P.O. BOX 1564 BRADENTON FL 34206 US
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3. Date Incorporated or Qualified 07/25/1967	
4. FEI Number 59-6503728	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**FULGHUM, ANN
9009 9TH AVE. N.W.
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81 Name Graham, Wylene
82 Street Address (P.O. Box Number is Not Acceptable) 8012 1st Ave. W.
83
84 City Bradenton
85 Zip Code FL 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 *Wylene Graham* DATE **3.13.98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FULGHUM, ANN	
STREET ADDRESS	9009 9TH AV NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRYE, PATSY	
STREET ADDRESS	5300 GULF DR. NORTH	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HANNAH, GAIL	
STREET ADDRESS	4804 RIVERVIEW BLVDD WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROGERS, BETTY	
STREET ADDRESS	6500 RIVERVIEW BLVD W	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, BETSY	
STREET ADDRESS	1311 51ST ST W	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, WYLENE	
STREET ADDRESS	8012 1ST AVE W	
CITY-ST-ZIP	BRADENTON, FL 34209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fasoli, Maureen	
1.3 STREET ADDRESS	312 7th St, NW	
1.4 CITY-ST-ZIP	Bradenton, FL 34209	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frye, Patsy	
2.3 STREET ADDRESS	5300 GULF DR. N.	
2.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

CFR2037 (1097)