

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713113

FILED
Apr 25, 2005
Secretary of State

Entity Name: MANATEE COUNTY MEDICAL EDUCATION FOUNDATION, INC

Current Principal Place of Business:

4521 26TH STREET WEST
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1564
BRADENTON, FL 34206 US

New Mailing Address:

FEI Number: 59-6503728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, SUZANNE
210 PEACOCK LANE
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: RENEE, PENNEBACKER
Address: 110 39TH ST CT., NW
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: NEWHALL, JOSEPH
Address: 3304 RIVERVIEW BLVD
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: DEMETREE, SHARON
Address: 1312 RIVERVIEW CIRCLE NW
City-St-Zip: BRADENTON, FL 34209

Title: T () Delete
Name: PETERS, CAROL
Address: 703 88TH ST. NW
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: RODRIGUEZ, DIANE
Address: 2104 87TH ST NW
City-St-Zip: BRADENTON, FL 34209

Title: D (X) Delete
Name: VALADIE, KYRA
Address: 1205 92ND ST NW
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RODRIQUEZ, DIANE
Address: 2104 87TH ST NW
City-St-Zip: BRADENTON, FL 34209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL PETERS

D

04/25/2005

Electronic Signature of Signing Officer or Director

Date