


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 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 # **743004** (4)

1. Corporation Name

**THE MANATEE COMMUNITY COLLEGE FOUNDATION, INC.**



Principal Place of Business <b>5840 26TH ST. W PO BOX 1849 BRADENTON FL 34207</b>		Mailing Address <b>P O BOX 1849 PO BOX 1849 BRADENTON FL 34206 US</b>		3. Date Incorporated or Qualified <b>05/23/1978</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number <b>59-1843274</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PORGES, GREGORY J.  
1205 MANATEE AVE., W.  
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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	TD	1.1 TITLE	TD
NAME	HOFFNER, DALE	1.2 NAME	Narvaez, Christopher
STREET ADDRESS	1001 9TH AVE	1.3 STREET ADDRESS	5840 26th St. W.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	S	2.1 TITLE	PD
NAME	BLAIR, ALAN H.	2.2 NAME	Taylor, Thomas Jr.
STREET ADDRESS	5840 26TH ST W	2.3 STREET ADDRESS	7000 Tamiami Tr. S.
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Venice, FL 34293
TITLE	D	3.1 TITLE	D
NAME	KORCHECK, STEPHEN	3.2 NAME	Hoffner, Dale
STREET ADDRESS	5840 26TH ST W	3.3 STREET ADDRESS	1301 6th Ave. W. #600
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	PD	4.1 TITLE	
NAME	SEGUIN, THOMAS	4.2 NAME	
STREET ADDRESS	6221 14TH ST W, #105	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 REQUIRED**

January 7, 1998 (941)753-0850

CR2E037 (10/97)