


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90040 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 743004					
1. Corporation Name THE MANATEE COMMUNITY COLLEGE FOUNDATION, INC.					
Principal Place of Business 5840 26TH ST. W PO BOX 1849 BRADENTON FL 34207			Mailing Address P O BOX 1849 PO BOX 1849 BRADENTON FL 34206 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/23/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1843274	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PORGES, GREGORY J. 1205 MANATEE AVE. W. BRADENTON FL 34205			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
FL			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFNER, DALE		1.2 NAME		
STREET ADDRESS	1001 9TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAIR, ALAN H.		2.2 NAME		
STREET ADDRESS	5840 26TH ST W		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NARVAEZ, CHRISTOPHER		3.2 NAME		
STREET ADDRESS	5840 26TH ST W		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34207		3.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, THOMAS J		4.2 NAME		
STREET ADDRESS	7000 TAMiami TR S		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFNER, DALE		5.2 NAME		
STREET ADDRESS	1301 6TH AVE W, #600		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 941-753-0850
Date Daytime Phone #

CR2E037 (11/98)