


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # 743004		
1. Entity Name THE FOUNDATION FOR MANATEE COMMUNITY COLLEGE, INC.		
Principal Place of Business 5840 26TH ST W BRADENTON, FL 34207	Mailing Address P O BOX 1849 BRADENTON, FL 34206 US	



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1843274	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTS DE OCA, CLINT 2405 PINNAPLE ST. STE 101 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSLEY, TOM 4770 STATE RD 54 EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAUB, III, JOHN W 2677 S. TAMIAMI TRAIL #4 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOWERY, MARGARET 5840 26TH ST W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/08-80003-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret E. Lowery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/08
Date

941.752.5390
Daytime Phone #