

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743004

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** THE FOUNDATION FOR MANATEE COMMUNITY COLLEGE, INC.

**Current Principal Place of Business:**

5840 26TH ST W  
BRADENTON, FL 34207

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1849  
BRADENTON, FL 34206 US

**New Mailing Address:**

**FEI Number:** 59-1843274      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORGES, GREGORY J.  
1205 MANATEE AVE., W.  
BRADENTON, FL 34205 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: P ( ) Delete  
Name: MONTS DE OCA, CLINT  
Address: 2405 PINNAPLE ST. STE 101  
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete  
Name: MOSLEY, TOM  
Address: 4770 STATE RD 54 EAST  
City-St-Zip: BRADENTON, FL 34208

Title: VP ( ) Delete  
Name: SCHAUB, III, JOHN W  
Address: 2677 S. TAMIAMI TRAIL #4  
City-St-Zip: SARASOTA, FL 34239

Title: DS ( ) Delete  
Name: LOWERY, MARGARET  
Address: 5840 26TH ST W  
City-St-Zip: BRADENTON, FL 34207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCHAUB, III, JOHN W  
Address: 2677 S. TAMIAMI TRAIL #4  
City-St-Zip: SARASOTA, FL 34239

Title: T (X) Change ( ) Addition  
Name: NICOLL, MAC  
Address: 4712 OCEAN BLVD #W-1  
City-St-Zip: SARASOTA, FL 34242

Title: VP (X) Change ( ) Addition  
Name: MOSLEY, TOM  
Address: 4770 STATE RD 54, EAST  
City-St-Zip: BRADENTON, FL 34208

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARGARET LOWERY

DS

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date