

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90047 012 ****61.25

90015058



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # 743004					
1. Entity Name THE MANATEE COMMUNITY COLLEGE FOUNDATION, INC.					
Principal Place of Business 5840 26TH ST W BRADENTON FL 34207			Mailing Address P O BOX 1849 BRADENTON FL 34206 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1843274				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PORGES, GREGORY J. 1205 MANATEE AVE., W. BRADENTON FL 34205			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARNER, STEPHEN	NAME			
STREET ADDRESS	615 VALENCIA RD	STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NARVAEZ, CHRISTOPHER	NAME			
STREET ADDRESS	5840 26TH ST W	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34207	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, THOMAS J	NAME			
STREET ADDRESS	7000 TAMiami TR S	STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34293	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFNER, DALE	NAME			
STREET ADDRESS	1301 6TH AVE W, #600	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34205	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOWERY, MARGARET	NAME			
STREET ADDRESS	5840 26TH ST W	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34207	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. 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 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* **MARGARET E. LOWERY** 1/28/03 941-752-5390

CR2E037 (10/02)