

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthoft Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752485** (3)

1. Corporation Name

MANATEE COUNTY CULTURAL ALLIANCE, INC.

Principal Place of Business

**323 10TH AVE W
SUITE 303
PALMETTO FL 34205
US**

Mailing Address

**323 10TH AVE W
SUITE 303
PALMETTO FL 34205
US**



3. Date Incorporated or Qualified

05/14/1990

4. FEI Number

59-2012576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'CONNOR, SUSAN
1227 9TH AVE W
BRADENTON FL 34205**

81 Name

CINDY JARVIS

82 Street Address (P.O. Box Number Is Not Acceptable)

323 10TH AVENUE WEST

83

SUITE 300

84 City

PALMETTO

FL

85 Zip Code

34221

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 617.0603, Florida Statutes.

SIGNATURE

Cindy Jarvis

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **LAWLER, JOHN**
STREET ADDRESS **425 19TH ST CT W.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **VPD** ☐ DELETE

NAME **ZAREMBA, FRANK**
STREET ADDRESS **414 29TH ST NE**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **TD** ☐ DELETE

NAME **O'CONNOR, SUSAN**
STREET ADDRESS **1227 9TH AVE W**
CITY-ST-ZIP **BRADENTON FL**

TITLE **SD** ☐ DELETE

NAME **MURPHY, FAY**
STREET ADDRESS **823 OAK DR.**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☒ Change ☐ Addition

1.2 NAME **FRANK T. MELCHER**
1.3 STREET ADDRESS **8107-41 STREET WEST**
1.4 CITY-ST-ZIP **BRADENTON, FL 34205**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☐ Change ☐ Addition

3.2 NAME **CINDY JARVIS**
3.3 STREET ADDRESS **323-10 AVENUE WEST SUITE 300**
3.4 CITY-ST-ZIP **PALMETTO, FL 34221**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 *Frank T. Melcher* **FRANK T. MELCHER** **4/2/98** **(841) 721-0405**

CR2E037 (10/97)