

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770101** (4)

1. Corporation Name

MANASOTA INDUSTRY COUNCIL, INC.



Principal Place of Business

**1903 NORTHGATE BLVD.
SARASOTA FL 34234**

Mailing Address

**1903 NORTHGATE BLVD.
SARASOTA FL 34234
US**

3. Date Incorporated or Qualified
09/02/1983

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

4. FEI Number

59-2334811

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRESS, MARY HELEN
1089 LAUREL WOODS DR
NOKOMIS FL 34275**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **ROBERTS, ROGER P**
STREET ADDRESS **10210 CLUB HOUSE DR**
CITY-ST-ZIP **BRADENTON FL**

TITLE **M** ☐ DELETE
NAME **KRESS, MARY H.**
STREET ADDRESS **1089 LAUREL WOODS DR**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **D** ☒ DELETE
NAME **SURRENCY, H. SKEET**
STREET ADDRESS **101 S. WASHINGTON BLVD.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **BRADLEY, STEVEN**
STREET ADDRESS **1950 LANDINGS BLVD STE 101**
CITY-ST-ZIP **SARASOTA 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 **D** ☒ Change ☐ Addition
1.2 NAME **Renee Eppard**
1.3 STREET ADDRESS **2000 Webber St.**
1.4 CITY-ST-ZIP **Sarasota, FL 34239**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Ellen Wile**
2.3 STREET ADDRESS **6000 Airport Circle**
2.4 CITY-ST-ZIP **Sarasota, FL 34234**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **1133 4th Street Ste 207-208**
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mary Helen Kress
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Helen Kress

3-21-96

941/351-0950

Date

Daytime Phone #

CR2E037 (12/95)