

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90057 030 ****70.00

DOCUMENT # N00000004471

1. Entity Name

MANATEE KIDCARE COALITION, INC.



Principal Place of Business

1312 MANATEE AVE. EAST
BRADENTON FL 34208

Mailing Address

P.O. BOX 499
PARRISH FL 34219

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

65-1080352

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, II, LAYON F ESQ.
442 OLD MAIN ST.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
PRESHA, WALTER "MICKEY" L
P.O. BOX 499
PARRISH FL 34219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
FLYNN, BRIAN
206 2ND ST E.
BRADENTON FL 34208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
FRIEDRICH, DAN
2020 59TH ST W.
BRADENTON FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PADGETT, EMIE
PO BOX 1000
BRADENTON FL 34206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NOLAN, DAN
PO BOX 9069
BRADENTON FL 34205 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BELLAMY, JUDY
P.O. BOX 1000
BRADENTON FL 34206 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROGER DEARING
P O BOX 9069
BRADENTON FLORIDA 34205 ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04

Date

941-776-4000

Daytime Phone #