


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90013 028 \*\*\*\*61.25

<b>DOCUMENT # N01000000784</b>	
1. Entity Name <b>MANATEE COUNTY COMMUNITY ACTION TEAM, INC.</b>	

Principal Place of Business <b>201 13TH AVE. WEST BRADENTON, FL 34205</b>	Mailing Address <b>P.O. BOX 9124 BRADENTON, FL 34206-9124</b>
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**54073702**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09232004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>JENKINS, JR., THEODORE 6267 38TH ST. EAST BRADENTON, FL 34203</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 8, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, JERRY</b>	NAME	
STREET ADDRESS	<b>4119 2ND AVE EAST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34208</b>	CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, JAMES JR</b>	NAME	
STREET ADDRESS	<b>1807 23RD AVE EAST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34208</b>	CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, RAPHAEL</b>	NAME	
STREET ADDRESS	<b>112 12TH AVE EAST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34208</b>	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPENCER, JOANN</b>	NAME	<b>SUSIE Copeland</b>
STREET ADDRESS	<b>1105 6TH ST. EAST</b>	STREET ADDRESS	<b>1010 2nd St E</b>
CITY-ST-ZIP	<b>BRADENTON, FL 34208</b>	CITY-ST-ZIP	<b>Bradenton, FL 34208</b>
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, SABINE</b>	NAME	
STREET ADDRESS	<b>1807 23RD AVE EAST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34208</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMÉ, ROSE</b>	NAME	
STREET ADDRESS	<b>2004 15TH STREET EAST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34208</b>	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:**  **9/23/04** **941-224-4102**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #