

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90233 020 \*\*\*\*\*61.25

**DOCUMENT # N01000000784**

1. Entity Name

**MANATEE COUNTY COMMUNITY ACTION TEAM, INC.**



Principal Place of Business

**201 13TH AVE. WEST  
BRADENTON FL 34205**

Mailing Address

**P.O. BOX 9124  
BRADENTON FL 34206-9124**

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 **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, THEODORE  
1002 2ND ST. WEST  
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name

**JENKINS, THEODORE, JR.**

Street Address (P.O. Box Number is Not Acceptable)

**6267 - 38th ST, EAST**

City

**BRADENTON**

FL

Zip Code

**34203**

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

*Theodore Jenkins Jr.*

**THEODORE JENKINS, JR.**

**4/29/03**

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**

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          | CD                    | <input type="checkbox"/> Delete |
| NAME           | NELSON, JERRY         |                                 |
| STREET ADDRESS | 4119 2ND AVE EAST     |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34208    |                                 |
| TITLE          | VCD                   | <input type="checkbox"/> Delete |
| NAME           | THOMAS, JAMES JR      |                                 |
| STREET ADDRESS | 1807 23RD AVE EAST    |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34208    |                                 |
| TITLE          | VCD                   | <input type="checkbox"/> Delete |
| NAME           | ALLEN, RAPHAEL        |                                 |
| STREET ADDRESS | 112 12TH AVE EAST     |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34208    |                                 |
| TITLE          | S                     | <input type="checkbox"/> Delete |
| NAME           | SPENCER, JOANN        |                                 |
| STREET ADDRESS | 1105 6TH ST. EAST     |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34208    |                                 |
| TITLE          | AS                    | <input type="checkbox"/> Delete |
| NAME           | THOMAS, SABINE        |                                 |
| STREET ADDRESS | 1807 23RD AVE EAST    |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34208    |                                 |
| TITLE          | T                     | <input type="checkbox"/> Delete |
| NAME           | ROME, ROSE            |                                 |
| STREET ADDRESS | 2004 15TH STREET EAST |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34208    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| 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:

*JERRY NELSON*

**4/29/03**

**(941) 224-4102**

CR2E037 (10/02)