

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90060 001 ****61.25

DOCUMENT # N01000002430
1. Entity Name
MANNING FAMILY FOUNDATION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3618 EL CENTRO ST
Suite, Apt. #, etc.

3. Mailing Address
3618 EL CENTRO ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST PETERSBURG FL

City & State
ST PETERSBURG FL

4. FEI Number
59-3712705

Applied For
 Not Applicable

Zip
33706

Country
USA

Zip
33706

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
BETH ANN M. MANNING

Street Address (P.O. Box Number is Not Acceptable)
3618 EL CENTRO ST

City
ST PETERSBURG FL

Zip Code
33706

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST BETH ANN M. MANNING 3618 EL CENTRO ST ST PETERSBURG FL 33706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP R. SEAN MANNING 3618 EL CENTRO ST ST PETERSBURG FL 33706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE W. MANNING 111 FREDONIA RD GREENVILLE PA 16125	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Beth Manning* **4.22.02** **727-367-7911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)