

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000891

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** THE MANNING-GRADY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

250 SOUTH AUSTRALIAN AVENUE  
SUITE 600  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

250 SOUTH AUSTRALIAN AVENUE  
SUITE 600  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 27-1271147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALDWELL, MANLEY P. JR.  
250 SOUTH AUSTRALIAN AVENUE  
SUITE 600  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDIR  
Name: MANNING, JAMES P P DIR  
Address: 101 WORTH AVENUE, APT. 4-D  
City-St-Zip: PALM BEACH, FL 33480

Title: VPDI  
Name: MANNING, CAROLE C VP DIR  
Address: 101 WORTH AVENUE, APT. 4-D  
City-St-Zip: PALM BEACH, FL 33480

Title: DIR  
Name: SATALINO, LYNN M DIRECTO  
Address: 158 MALLARD POINT ROAD  
City-St-Zip: WIRTZ, VA 24184

Title: SECY  
Name: CALDWELL JR, MANLEY P  
Address: 250 SOUTH AUSTRALIAN AVENUE, SUITE 600  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MANLEY P. CALDWELL, JR.

SECY

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date