FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998			ORT	1 112	Secretary of State DIVISION OF CORPORATIONS			ONS		Secretary of State				
l		NENT												
MANATEE WILDCATS FOOTBALL, INC.														
Principal Place of Business Mailing Address										n tabuntat gas sibit anak alabi itana i	YIII BABAI BAG	ill Bifit Bifft di	IBIN DIRN JOEL	
1906D 59TH STREET BRADENTON FL 34209-4662					1906D 59TH STREET BRADENTON FL 34209-4682				3. Date Incorporated or Qualified 04/16/1986					
									14	Fet Number			oplied For	
2. P	rincipal Pla	ace of Busin	1055	2a. Ma	2a. Mailing Address					59-2681771		\$8.75	ot Applicable	
21					26					5. Certificate of Status Desired		Fee Re		
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				6	. Election Campaign Financing	C1	\$5.00		
22	City & State				City & State					Trust Fund Contribution	<u> Ц</u>	Added to		
23					28				'	7. Is this nonprofit corporation a homeowners association?				
Z	ip	Country Zip				Country				. This corporation owes or has pa	ld the cur			
24		o Name	25	29	d Acous	30	_			Personal Property Tax due June			₫ No	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name														
TOMEO CHADISE										60 B 10 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
1908D 59TH ST WEST							82	Street Acc	acress ((P.O. Box Number is Not Acceptab	нөу			
BRADENTON FL 34209							83							
								City				85 Zip (Code	
11 Purcuent to the provisions of Sections 617 0502 and 617 1508 Storida Statutes the above								o pamed so	ornorat	ion submits this etatement for the s	FL	,	to registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													registered	
l .		ii laiimilar wi	in, and accept the ob-	iigations or, se	CHOT 017.0303, FI	oriua Stai	utos	> .						
l							Registered Agent signature require				DATE			
12.		OFFICERS AND DIRECT			RS DELETE	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	RS IN 12 Addition	
NAME	ŀ		DR. CHARLES		L. OLLEGE	1.2 N						LJ Change	L. Addition	
	T ADDRESS		19TH ST WEST					ADDRESS						
CITY-			ITON FL					T-ZIP						
TITLE		STD			DELETE	2.1 Ti	TLE					Change	Addition	
NAME	ľ		M, DIANE			2.2 N	AME							
1	T ADDRESS		1911H ST WEST			1		ADDRESS		Ç.			Ţ	
CITY-:	ST-ZIP	VD VD	ITON FL		DELETE	2. 4 C 3.1 Ti		ST-ZIP		_ 		Change	Addition	
NAME	- 1	BROWN	. STAN /			3.2 N								
ì	T ADDRESS		9TH WEST			1		ADDRESS						
CITY-	ST-ZIP	BRADEN				3.4. C	ITY-S	ST-ZIP						
TITLE					DELETE	4.1 Ti						☐ Change	☐ Addition	
NAME						4.2 N								
	T ADDRESS							ADDRESS						
CITY-S	51-ZIP				☐ DELETE	4.4 CI 5.1 TI	_	T-ZIP				Change	Addition	
NAME	ĺ					5.2 N/							_ :	
ľ	T ADDRESS							ADDRESS					}	
СПҮ-	- 1					5.4 CI		1						
TITLE					DELETE	6.1 Ti	TLE					Change	☐ Addition	
NAME						6.2 N/							j	
	ADDRESS							ADDRESS						
CITY-9	ST. 7LP					6.4 (1)	IV.C	T- 7(P						

Thereby 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 annual report or supplemental annual 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 proposition or the processes or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 ij changed, programment with an address.

3-4-98

941/792-0088

FILED

Mar 11 1998 8:00am