

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90036 023 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20504**

1. Corporation Name

**GREATER MANATEE CHAPTER OF FLORIDA WOMEN IN GOVERNMENT, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 202  
1112 MANATEE AVE. W  
BRADENTON FL 34206  
US

P.O. BOX 202  
BRADENTON FL 34206



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/06/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0066637	
24 Country		29 Country		30 Country	
25		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, GARNET  
2212 54TH AVE DR W  
BRADENTON FL 34207

81 Name	GARNET McDONALD
82 Street Address (P.O. Box Number is Not Acceptable)	2212 54TH AVE DR W
83	
84 City	BRADENTON
85 State	FL
86 Zip Code	34207

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE GARNET McDONALD Garnet McDonald 2-5-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, MICKIE	1.2 NAME	
STREET ADDRESS	4103 40TH ST W	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APOSTOL, ELAINE	2.2 NAME	
STREET ADDRESS	106 66TH AVE DR W	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, GALE	3.2 NAME	
STREET ADDRESS	612 77TH ST E	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, GARNET	4.2 NAME	
STREET ADDRESS	2212 54TH AVE DR W	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, MARGIE	5.2 NAME	
STREET ADDRESS	1008 26TH ST E	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHRISTINE	6.2 NAME	
STREET ADDRESS	1002 3RD AVE E	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	6.4 CITY-ST-ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Garnet McDonald Garnet McDonald 2-5-99 749-3004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)