

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90468 019 \*\*\*\*61.25

<b>DOCUMENT # N20504</b> 1. Entity Name <b>GREATER MANATEE CHAPTER OF FLORIDA WOMEN IN GOVERNMENT, INC.</b>					
Principal Place of Business <b>P.O. BOX 202 1112 MANATEE AVE. W BRADENTON, FL 34206 US</b>			Mailing Address <b>P.O. BOX 202 BRADENTON, FL 34206</b>		
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 <b>65-0066637</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OTT, MARILYN 3202 9TH AVENUE WEST BRADENTON, FL 34205</b>				7. Name and Address of New Registered Agent Name <b>Dunbar, Janice</b> Street Address (P.O. Box Number is Not Acceptable) <b>108 23rd Street CT NE</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34208</b>	
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 <span style="float: right;">4.28.05</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTT, MARILYN		NAME	DUNBAR, JANICE	
STREET ADDRESS	3202 9TH AVENUE W.		STREET ADDRESS	108 23rd STREET CT NE	
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, JANICE		NAME	BURCH-MOORE, TAMEKA	
STREET ADDRESS	108 23RD STREET CT. NE.		STREET ADDRESS	4515 26th STREET W. #1812	
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APOSTOL, ELAINE		NAME		
STREET ADDRESS	106 60TH AVE. W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH-MOORE, TAMEKA		NAME	MERRILL, AMY	
STREET ADDRESS	4515 26TH STREET W. #1812		STREET ADDRESS	2507 56th AV. E.	
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLANSKI, KELLI		NAME		
STREET ADDRESS	4706 8TH ST. CT. E		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, ARDELIA		NAME		
STREET ADDRESS	3215 BUNCHE ST.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34234		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:			4.28.05 941.749.3030		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		