



# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N20504</b> 1. Entity Name <b>GREATER MANATEE CHAPTER OF FLORIDA WOMEN IN GOVERNMENT, INC.</b>						<b>FILED</b> <b>08 OCT 21 PM 3:46</b>	
Principal Place of Business P.O. BOX 202 1112 MANATEE AVE. W BRADENTON, FL 34206 US				Mailing Address P.O. BOX 202 BRADENTON, FL 34206			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		 <b>REINSTATEMENT</b> 10152008 REIN-NP CR2E099 (1/07) 08			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>65-0066637</b>				<input type="checkbox"/> 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>POLANSKI, KELLI</b> <b>1112 MANATEE AVE W.</b> <b>BRADENTON, FL 34205</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u>Kelli Polanski</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>Kelli Polanski</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>10-16-08</u> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLANSKI, KELLI 4706 8TH STREET CT E. ELLENTON, FL 34222			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete M. POLANSKI, KELLI 4706 8TH ST. CT.E. ELLENTON, FL 34222		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLLOCK, VICKIE 3604 10TH LANE W PALMETTO, FL 34221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MBR POLLOCK, VICKIE 3604 10TH LANE W. PALMETTO, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLONTZ, CATHERINE 2504 8TH STREET E BRADENTON, FL 34208			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete P NEAL, SHEILA 1630 67TH ST. CT.E. BRADENTON, FL 34208		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR WILLIAMS, GERALDINE 11806 COLYAR LANE PARRISH, FL 34219			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete MBR HAAS, JANICE 1107 26TH AVE. W. PALMETTO, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TILGHMAN-WILLIAMS, PAM 2493 22NS ST SARASOTA, FL 34234			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MBR TILGHMAN-WILLIAMS, PAM 2493 22NS ST. SARASOTA, FL 34234		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR THORPE, CAROL 6718 60TH STREET CIR E PALMETTO, FL 34221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T THORPE, CAROL 6718 60TH ST. CIR.E. PALMETTO, FL 34221		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Carol Thorpe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>CAROL THORPE</u>		<u>10.16.08</u> <small>Date</small>	
						<u>941.748-4501</u> <u>X3456</u> <small>Daytime Phone #</small>	