

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22308 (3)

1. Corporation Name

A TASTE OF MANATEE COUNTY, INC.



Principal Place of Business

5131 14TH STREET WEST
C/O MAI LEE
BRADENTON FL 34207

Mailing Address

5131 14TH STREET WEST
C/O MAI LEE
BRADENTON FL 34207

3. Date Incorporated or Qualified
08/31/1987

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

21 5917 Manatee Ave W

Suite, Apt. #, etc.

2a. Mailing Address

26 5917 Manatee Ave W

Suite, Apt. #, etc.

City & State

23 Bradenton FL

Zip

24 34209

Country

25 Manatee

City & State

28 Bradenton FL

Zip

29 34209

Country

30 Manatee

4. FEI Number

59-2842902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

LEE, MAI
5131 14TH STREET WEST
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name

Linda Gault

82 Street Address (P.O. Box Number is Not Acceptable)

5917 Manatee Ave W

83

84 City

Bradenton

FL

85 Zip Code

34209

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

2-14-96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME LEE, MAI
STREET ADDRESS 6211 8TH AVENUE DR. WEST
CITY-ST-ZIP BRADENTON FL

TITLE VD ☒ DELETE
NAME GAULT, LINDA
STREET ADDRESS 5917 MANATEE AVE WEST
CITY-ST-ZIP BRADENTON FL

TITLE SD ☒ DELETE
NAME COFFEY, FREDERICK
STREET ADDRESS 5794 TIMBER LAKE DR
CITY-ST-ZIP SARASOTA FL

TITLE TD ☒ DELETE
NAME ESPOSITO, GEORGE
STREET ADDRESS 2704-14TH ST WEST
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Linda Gault
1.3 STREET ADDRESS 5917 Manatee Ave W
1.4 CITY-ST-ZIP Bradenton FL 34209

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME Frederick Coffey
2.3 STREET ADDRESS 2603 60th Ave E
2.4 CITY-ST-ZIP Ellenton FL 34222

3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME Joan Spallino
3.3 STREET ADDRESS 219 Gulf Dr S
3.4 CITY-ST-ZIP Bradenton FL 34217

4.1 TITLE T/D ☒ Change ☐ Addition
4.2 NAME Susan Crowley
4.3 STREET ADDRESS 6411 13th Ave E
4.4 CITY-ST-ZIP Bradenton FL 34208

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

Date

(941) 747-9365

Daytime Phone #

CR2E037 (12/95)