

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	Mailing Address
5131 14TH STREET WEST C/O MAI LEE BRADENTON FL 34207	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
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2. Principal Place of Business	2a. Mailing Address
21 5917 Manatee Ave W	26 5917 Manatee Ave W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Bradenton FL	28 Bradenton FL
Zip Country	Zip Country
24 34209 25 Manatee	29 34209 30 Manatee

4. FEI Number 59-2842902	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
85 Zip Code FL 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: *Linda Gault* DATE: **2-14-96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEE, MAI	
STREET ADDRESS	6211 8TH AVENUE DR. WEST	
CITY - ST - ZIP	BRADENTON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GAULT, LINDA	
STREET ADDRESS	5917 MANATEE AVE WEST	
CITY - ST - ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COFFEY, FREDERICK	
STREET ADDRESS	5794 TIMBER LAKE DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ESPOSITO, GEORGE	
STREET ADDRESS	2704-14TH ST WEST	
CITY - ST - ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Linda Gault	
1.3 STREET ADDRESS	5917 Manatee Ave W	
1.4 CITY - ST - ZIP	Bradenton FL 34209	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Frederick Coffey	
2.3 STREET ADDRESS	2603 60th Ave E	
2.4 CITY - ST - ZIP	Ellenton FL 34222	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Joan Spallino	
3.3 STREET ADDRESS	219 Gulf Dr S	
3.4 CITY - ST - ZIP	Bradenton FL 34217	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 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: *Susan Crowley* DATE: **2/14/96** DAYTIME PHONE #: **(941) 747-9365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)