FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

Mailing Address

CITIZEN'S ALLIANCE FOR LEADERSHIP IN MANATEE, IN

P O BOX 155 P O BOX 155									. Date Incorporate	ed or Qualified	<u> </u>			
BRADENTON FL 34206 BRADENTON FL 34206									05/24/19	88				
								4	. FEI Number	, , , , , , , , , , , , , , , , , , , 			Anr	olied For
								"	65-00513	OE.		-		Applicable
O Di di Dian d									00-00013	23				
2. Principal Place of Business				2a. Mailing Address				5.	. Certificate of Sta	atus Desired				dditional
21			26										ee Red	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6.	 Election Campa 	-				lay Be	
22				27					Trust Fund Cont	tribution		Ado	led to	Fees
City & State				City & State				7.	. Is this nonprofit	corporation a l			ciation	?
23			28	28							Yes Yes	No		
	Zip Country			Zip Country				8.	. This corporation	owes or has p	paid the cu	irrent ye	ar Inta	ngible
24	25		29	29 30				1	Personal Proper	ty Tax due Jur	ne 30.	Yes Yes		No
9. Name and Address of Current Registered Agent								10.	Name and Add	ress of New F	Registered	Agent		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
COORED DEEDA														
COOPER, DEBRA							Street A	Address (I	P.O. Box Number	is Not Accepta	able)			
1111 3RD AVENUE W														
SUITE 200						83								
BRADENTON FL 34206						84	City					85	Zip C	ode
							•				FL	_	•	
11. Po	ursuant to the provision	ons of Sections 617.0502	and 61	7.1508, Florida Statul	es, the al	oove	-named	corporation	on submits this sta	atement for the	purpose o	of chang	ing its	registered
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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											egistered			
agent. I am iamiliar with, and accept the obligations of, Section 617.0505, Florida Statutes.											•			
SIGNA	ATURE		-t oineables	a societad who	n rejectation)	· · · · · · · · · · · · · · · · · · ·	DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 13.							nt signature i		ADDITIONS/CHA	NGES TO OFF		D DIREC	TORS	IN 12
12.			I DELETE	OCI CTC 44 TITLE S			15/17/	^		100,1074		ange	Addition	
TITLE	STD BADAUTT HA			121		30		3042	& NICHOL	-A5		<u> </u>	2.190	
NAME								30111	6 38THA	loze. ₹.				
STREET	TREET ADDRESS 1201 6TH AVENUE W		1.3 \$			REET.	EET ADDRESS 2		6 28 ···					
CITY-ST	ATY-ST-ZIP BRADENTON FL		1.4			TY-SI	T-ZIP	15/2	ADENTON,	10.34	308			
TITLE	D			☐ DELETE 2.1								☐ Cha	ange	☐ Addition
NAME	COOPER, DEBRA			2.2		2.2 NAME								
1	111 SDD 415 147 4000			2.3			ADDRESS							
ŀ	DDADENTON EL CACCE					2. 4 CITY-ST-ZIP								
							7:				Ch:	ange	Addition	
TITLE				AT .		3.1 IIILE		- N.	N HARLL 5 MANAT	EE.			unge	IN TRACTION
NAME	400 40DD OT 147						3.2 NAME		= MANAT	EE AVE	w			
STREET	STREET ADDRESS 402 43RD ST. W			3.3		3.3 STREET ADDRESS		2020	_ PARING **		21100	٠,٠		
CITY-ST	CITY-ST-ZIP BRADENTON FL 34209			3.4.		<u> </u>		<u> </u>	DENTON	<u> </u>	3429			
TITLE	LE VC			☐ DELETE	DELETE 4.1 T		TITLE D					Ch:	ange	Addition_
NAME	LOMBAR	00, B0B			4, 2 N	AME								
		X 188 N/A			4351	BEET	ADDRESS							
	04744	•					1	1						
	CITY-ST-ZIP PALMETTO FL					TY-S	1 - ZIP	^				☐ Chi	anne	Addition
TIFLE VC					5.1 TITLE			me Gu	RE		الله ليا	11390	rwaluuli	
NAME	LEZMAN				5.2 N	AME	İ	HUG	BOX 181	66 NA				
STREET	ADDRESS 1001 13	TH AVE E			5.3 ST	REET	ADDRESS	Po						
CITY-ST	r-ZIP BRADEN	TON FL			5.4 C	TY-\$	T-ZIP	Bras	denton F	<u>l 34</u>	206			
TITLE				DELETE	6.1 TI	TLE		į.				Chi	ange	Addition

6.2 NAME

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 eath; 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:

STREET ADDRESS

CITY-ST-ZIP

CARRAWAY, MAC

P.O. BOX 866 N/A

PALMETTO FL

19198

(941) 448-3433

FILED

Jan 27 1998 8:00am

Secretary of State