


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90114 003 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N45420 | | | | | |
| 1. Corporation Name MANATEE BANKERS FOR AFFORDABLE HOUSING, INC. | | | | | |
| Principal Place of Business C/O FIRST FEDERAL OF FLA 4601 MANATEE AVENUE WEST BRADENTON FL 34207 US | | | Mailing Address C/O FIRST FEDERAL OF FLA P.O. BOX D BRADENTON FL 34206 US | | |



| | | | | | |
|--------------------------------|--|-----------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 319 6th Ave. W. | | 26 319 6th Ave. W. | | 10/02/1991 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 319 | | 27 319 | | 65-0278132 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Bradenton, Florida | | 28 Bradenton, Florida | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | Trust Fund Contribution | |
| 24 34205 25 Manatee | | 29 34205 30 Manatee | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KELLER, CAROLYN G FIRST FEDERAL OF FLA 4601 MANATEE AVENUE WEST BRADENTON FL 34209 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

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 CAROLYN G. KELLER/ TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|--|--|---|----------------------------|--|--|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SNYDER, RENEE' | | | 1.2 NAME | ENGLISH, WILLIAM | | |
| STREET ADDRESS | 1001 3RD AVE, W | | | 1.3 STREET ADDRESS | 1605 MAIN STREET | | |
| CITY-ST-ZIP | BRADENTON FL 34209 | | | 1.4 CITY-ST-ZIP | SARASOTA, FL 34236 | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BORGWARDT, MICHAEL | | | 2.2 NAME | SWAN, KEN | | |
| STREET ADDRESS | 5714 14TH STREET, W | | | 2.3 STREET ADDRESS | 5817 MANATEE AVENUE WEST | | |
| CITY-ST-ZIP | BRADENTON FL 34207 | | | 2.4 CITY-ST-ZIP | BRADENTON, FL 34209 | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ATKINS, BRIAN | | | 3.2 NAME | HARVEY, APRIL | | |
| STREET ADDRESS | 404 53RD AVE, W | | | 3.3 STREET ADDRESS | P.O. BOX 2138 | | |
| CITY-ST-ZIP | BRADENTON FL 34203 | | | 3.4 CITY-ST-ZIP | SARASOTA, FL 34230 | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KELLER, CAROLYN G. | | | 4.2 NAME | ATKINS, BRIAN | | |
| STREET ADDRESS | 4601 MANATEE AVE. W. | | | 4.3 STREET ADDRESS | 1800 2ND STREET/26TH FLOOR | | |
| CITY-ST-ZIP | BRADENTON FL | | | 4.4 CITY-ST-ZIP | SARASOTA, FL 34236 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SWAN, KEN | | | 5.2 NAME | SANBORN, DANA | | |
| STREET ADDRESS | 5817 MANATEE AVE, W | | | 5.3 STREET ADDRESS | 5305 26TH STREET WEST | | |
| CITY-ST-ZIP | BRADENTON FL 34209 | | | 5.4 CITY-ST-ZIP | BRADENTON, FL 34207 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HOLT, WILLIAM | | | 6.2 NAME | SPEARS, TRUDI | | |
| STREET ADDRESS | 6351 MANATEE AVE W | | | 6.3 STREET ADDRESS | P.O. BOX 14940 | | |
| CITY-ST-ZIP | BRADENTON FL | | | 6.4 CITY-ST-ZIP | BRADENTON, FL 34208 | | |

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

183564 1414 -
N45420

CONTINUATION OF OFFICERS AND DIRECTORS:

D
MELINDA MODRAK
CENTURY BANK
6351 MANATEE AVENUE WEST
BRADENTON, FL 34209

D
JIM SHIREY
FIRST UNION BANK
1416 51st AVENUE EAST
SARASOTA, FL 34236

D
RON MONTEAU
REGIONS BANK
6001 26th STREET WEST
BRADENTON, FL 34207

D
PEGGY SIPES
REPUBLIC BANK
2426 BEE RIDGE ROAD 302
SARASOTA, FL 34239

M
YVONNE BUNDRAGE
319 6th AVENUE WEST
BRADENTON, FL 34205